



International Student Processing Checklist

- Application Fee International Students (\$250.00CAD cheque/eTransfer/money order)
- Application form
- Medical health coverage **(We will need a copy of private insurance or a copy of private insurance and then BC Medical when approved)**
- Study Permit (copy)
- Birth Certificate
- Copy of Passport
- Proof of parent residing in Victoria, BC/Homestay information
- Lump Sum Payment - (includes year tuition & Field Trip Fee & Supply Fee)



International Student Policy

International Students having met any legal qualifications for living in BC will be accepted by Maria Montessori Academy provided that in addition to standard registration information the following is provided and/or verified:

- *medical health coverage and health information*
- *proof of visa as required*
- *birth certificate*
- *current photo*
- *proof of at least one parent or legal guardian living with the student and Victoria residency*
- *full payment of required fees for International Students for the amount of time the International student is expected to stay during each school year.*

2026-27 INTERNATIONAL STUDENT FEES (based on school year) subject to change

| Program | Total Yearly Fees |
|-----------------------------|---------------------------|
| Tuition Fees 2026-27 | 27,105 per student |

***This tuition amount includes school supplies, field trip fee, student enrichment fee and grad fee. This fee does not include the cost for the school uniform (or laptop for students in grade 7-12).**

Withdrawal/Refund Policy (Updated):

Maria Montessori Academy enrolment represents a full-year financial commitment. Staffing and resource allocations are made based on confirmed student numbers.

Families remain responsible for all deposits and the non-refundable June prepayment, regardless of withdrawal date.

In addition, the following tuition obligations apply:

| Date of Withdrawal | Tuition Owed |
|------------------------|---|
| February 1 – August 31 | Families are responsible for 50% of the full annual tuition. |
| September 1 or later | Families are responsible for 100% of the full annual tuition (no refund). |

These obligations apply in addition to forfeited deposits and the June prepayment.

Medical Withdrawals:

In the case of a withdrawal for documented medical reasons, the school may, at its discretion, consider a partial refund of tuition beyond deposits and the June prepayment.

Immigration Exception:

A full refund of tuition fees (except the non-refundable registration deposit) will be granted if the student authorization is not approved by Canadian Immigration. A letter of refusal must be submitted.



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SURNAME OF CHILD FIRST NAME MIDDLE NAME(S)

CHILD PREFERS TO BE CALLED (IF DIFFERENT THAN ABOVE) GRADE DATE OF BIRTH: YEAR MONTH DAY

ADDRESS IN YOUR HOME COUNTRY: STREET CITY POSTAL CODE COUNTRY

ADDRESS IN VICTORIA: STREET POSTAL CODE

PLANNED LENGTH OF STAY: START DATE YYYY/MM/DD: _____ END DATE YYYY/MM/DD: _____

CITIZENSHIP: _____ COUNTRY OF BIRTH: _____

Language spoken at home: ENGLISH FRENCH OTHER: _____ Language most used: _____

Does your child have any serious medical conditions? Yes No If yes, please describe:

Is your child fully **fluent/literate** in English at their current grade level? (We do not offer ESL) Yes No

Has your child had a **Psycho-Educational Assessment**? Yes No If Yes, please bring the assessment to the school tour.

**ANY ASSESSMENTS DONE AFTER THIS REGISTRATION DATE MUST BE COMMUNICATED TO THE OFFICE

Has your child received **Learning Assistance** Yes No IN WHICH SUBJECT(S)? _____

Do you give permission for the Principal to contact your child's current school to discuss his/her progress? Yes No

PARENT 1 FULL LEGAL NAME EMAIL CELL PHONE

RELATIONSHIP TO CHILD OCCUPATION HOME PHONE (IF DIFFERENT THAN ABOVE)

PARENT 2 FULL LEGAL NAME EMAIL CELL PHONE

RELATIONSHIP TO CHILD OCCUPATION HOME PHONE (IF DIFFERENT THAN ABOVE)

AGENT INFORMATION, IF APPLICABLE (FULL NAME, PHONE #, EMAIL)

HOMESTAY/GUARDIAN INFORMATION (FULL NAME, PHONE #, EMAIL, & ADDRESS)

ADMISSION DATE REQUESTED: _____