

SUMMER PROGRAM REFUND POLICY AND TERMS OF AGREEMENT

I, _____, for myself and my child, agree to the terms of this Participation Agreement as a term of my child's enrollment with School District #43 (Coquitlam) (the "District") and their participation in the International Education Program (the "Program").

Refund Policy

I understand and agree that:

- A full refund of tuition may be payable, less application and homestay placement fees if Immigration, Refugees, and Citizenship Canada ("IRCC") does not approve a student study permit or visitor visa. Appropriate documentation from IRCC must be provided in respect of any application for a full refund.
- A partial refund equal to 50% of tuition fees may be granted if the student cancels their Program for any reason 30 days or more before the commencement of the Program.
- A partial refund equal to 50% of tuition fees may be granted if the student cancels their Program for any reason 30 days or less before the commencement of the Program due to border restrictions and/or travel bans from the Canadian government. Cancellations for any other reason less than 30 days before the Program start date are not eligible for any refund.
- NO REFUND will be granted less than 30 days before Program start date except as noted above. This includes students who are dismissed from the Program due to a breach of the law, policy or regulation as determined by the Government of Canada, the police, the District, and/or the Program.
- All refund requests must be made in writing to the International Education Department of the District.

Terms of Agreement

I understand that a successful experience in the Program depends upon regular class attendance, completion of all homework and assignments, and participation in all activities offered by the program. I understand that my child's photo will be taken throughout the Program for educational purposes and that the photos may be used for educational advertisements in the future. I understand that my child's basic personal information will be shared for the purpose of providing the medical insurance required to be a part of the Program. I hereby consent, on behalf of my child, to have their basic personal information shared and I understand that my child's information might be stored in, or accessed from, a location outside of Canada.

I acknowledge that the District reserves the right to dismiss students and return them home, at their own expense, without any refund of the program fee for violating school rules, the district code of conduct, and/or the laws of BC and/or Canada. I therefore agree to uphold the rules and regulations, and cooperate with administrators, teachers, and the students of the District. I understand and acknowledge that failure to disclose any information regarding my child's ability to be successful in the Program may result in the removal of my child from the Program, without refund. I have read and understood the refund policy in full and consent to all terms within it.

It is a fundamental condition that the District shall not be liable for losses or expenses incurred as a result of the District being unable to provide education due to labour disputes or other causes beyond its control.

I, the undersigned parent or guardian of _____, request that my child be allowed to participate in full range of activities that will take place during the Coquitlam School District's Summer English and Culture Program.

These activities may include: hiking, indoor and outdoor tourist attractions, swimming (under the supervision of a lifeguard), water sports (including kayaking, canoeing, or other boating activities), movie theatres, indoor rock climbing, amusement park rides, and/or indoor and outdoor sports (including basketball, volleyball, tennis, golf). A specific schedule for my child's program has been provided to me in a separate document. Transportation to and from these activities may be by public transportation, school bus, or on foot.

While school staff take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of activities and may occur without fault on the part of the student, the District, its employees or agents, or the facility where the activity is taking place. By allowing my child to participate in this program, I agree that the activities described above are suitable for my child, that there is a risk of injury associated with the activities.

I grant Coquitlam School District the right to sign activity waiver forms and release forms deemed necessary on my behalf. I understand that my child may be exposed to the risk of injury due to accident while participating in these activities.

By signing the declaration below, I confirm that I have read and understood all terms and conditions contained within this application and agree to abide by them.

Signature of Parent

Signature of Student (if over 13)

Name of Parent

Name of Student

Signature of Agent

Date