



# Mosaic Academy

209 Lichen Cres, Oshawa, Ontario Canada L1J 7W2

Telephone: 647-818-6479

Email to [info@themosaicacademy.com](mailto:info@themosaicacademy.com)

[www.themosaicacademy.com](http://www.themosaicacademy.com)

## School Registration Form

### General Information:

Student's last name: \_\_\_\_\_ Initial: \_\_\_\_\_ First name: \_\_\_\_\_

Full address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Student email address: \_\_\_\_\_@\_\_\_\_\_

Parent's/Guardian's name: \_\_\_\_\_

☐ Please check if address is the same OR

Full address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_

Parent Student email address: \_\_\_\_\_@\_\_\_\_\_

Student's date of birth: Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_\_ Grade: \_\_\_\_ OEN: \_\_\_\_\_

Day school: \_\_\_\_\_

Full address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Course Information:

Course title: \_\_\_\_\_ Course code: \_\_\_\_\_

Course value: \_\_\_\_ Pre-requisite: \_\_\_\_\_ ☐ Check if completed

Number of times student has attempted this course: \_\_\_\_\_ Last mark: \_\_\_\_\_

Number of instructional hours: for course: \_\_\_\_\_ for remediation: \_\_\_\_\_



# Mosaic Academy

209 Lichen Cres, Oshawa, Ontario Canada L1J 7W2

Telephone: 647-818-6479

Email to [info@themosaicacademy.com](mailto:info@themosaicacademy.com)

[www.themosaicacademy.com](http://www.themosaicacademy.com)

## **Payment Policy:**

The fee for the course must be paid in full at the time of registration. Students may cancel their registration **no later** than end of the first week the start of classes. There will be a non-refundable \$50.00 fee for cancellation. After that day there will be no refunds for canceled registrations.

## **Course cancellation:**

In case of insufficient registration, the course will be canceled and students will be fully reimbursed without any deductions. Students will be immediately contacted by Mosaic Academy and will be provided with a full refund.

## **Liability:**

Mosaic Academy assumes no responsibility and liability, whatsoever, for the sports activities prior to or following the academic segment of the program. By completing and signing the registration form, the student, his/her parents and or guardians, acknowledges, understands and accepts these terms.

## **Freedom of information:**

By signing the registration form, the student and the parent/guardian give permission to Mosaic Academy to disclose all the academic information regarding the student's achievements to the student's home school and the Ministry of Education. By signing the registration form, students at or above the age of eighteen give Mosaic's personnel permission to discuss ALL matters relating to the course with their parents/ guardians.

## **Code of Behaviour:**

Students and parents must read our code of behaviour and discuss it prior to the commencement of the course. By signing the registration form the student acknowledges that he/she has read, understood and accepted the terms of the school code of behaviour.

## **Attendance policy:**

Attendance is mandatory. Although students are not evaluated on punctuality, we do not believe that students with poor attendance will be able to pass their courses.

## **Individual Education Plan (IEP):**

It is the parent /guardian or student over 18 responsibility, to provide Mosaic Academy with any relevant IEP information **prior** to the beginning of the course.



# Mosaic Academy

209 Lichen Cres, Oshawa, Ontario Canada L1J 7W2

Telephone: 647-818-6479

Email to [info@themosaicacademy.com](mailto:info@themosaicacademy.com)

[www.themosaicacademy.com](http://www.themosaicacademy.com)

**Please note:**

1. A \$45 charge plus interest will be charged for NSF cheques.
2. Textbooks are not included in tuition fees. Fees for the textbooks will be charged separately on the first day of the course.

**For parent(s)/guardian(s)/or a student over 18 years old to read and sign:**

1. I hereby request registration of my child \_\_\_\_\_ to the above-mentioned course(s) program.
2. I understand that I am responsible for all payments regarding the above-mentioned course(s) program.
3. I give permission to the representative of Mosaic Academy to contact my child's school regarding the above-mentioned course(s).
4. I understand that Mosaic Academy does not guarantee the final course mark. Furthermore, it is understood that all assessments and marks will be granted only according to Ministry of Education guidelines.
5. I have provided Mosaic Academy with the correct information regarding my child's home school, and my child's OEN (Ontario Education Number).
6. I have been provided with the school calendar and I have read, understood and accepted all school policies.

**Parents/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents/Guardian signature:** \_\_\_\_\_

<p><b>Acceptance of this Registration Form is dependent on Ministry of Education approval</b></p>
---