



LOLART Secondary Academy BSID #669329
 87 Sheppard Ave. West Unit 2, Toronto, M2N 1M4
 T: 416-250-8110 E: info@lolart.ca F: 866-814-6783
 www.lolart.ca

Please Print Clearly

Student's Full Name _____ Age (if under 18) _____ Gender _____ Tel _____

Address _____ Postal Code _____

Email _____ Medical Conditions / Allergies _____

DOB _____ Country of Birth _____ Citizenship _____ Native Language _____

Emergency Contact Name and Tel _____

Information of Parents/Guardian(s)

Parents/Guardian(s): _____ TEL: _____ Email: _____

Educational Background

Secondary Education

From		To		School Name and Address	Program	Diploma/Credits
YYYY	MM	YYYY	MM			

Course Selection <Office Use ONLY >

Course Code	Term	Session #	Prerequisite Course Finished

Student Signature _____ Date _____

If applicable:

(Parent/Guardian) Printed Name _____ Signature _____ Date _____



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Tuition Fee Payment <Office Use >

Fee Type	Amount (CAD)	Payment Received	Notes
Registration Fee (non-refundable)	\$ 150		
Course Fee	\$1600		
Studio Fee	\$ 500		25 hours practicing with instruction
Full-time Tuition Fee	\$15800		

*I certify that the information contained herein and that all statements made in connection with this registration form are true, correct and complete. I understand that any misrepresentation, incomplete disclosure or falsified information on this application may result in the cancellation of my registration status. I agree that LOLART Secondary Academy may verify that information provided by contacting any secondary or post-secondary institution. I permit LOLART Secondary Academy to release information to third parties, including the Association of Registrars of the Universities and Colleges of Canada, about my academic record if misrepresentation is suspected or confirmed.

* Withdrawing five weeks before the course commence date; students will receive full refund minus \$150 administrative fee. There will be no refund for students withdrawing later than that date. Notice of cancellation must be in writing (email to account@lolart.ca). Receipt must accompany refund request. Service Standard: 10 business days

*By signing below, I acknowledge that I understand and agree to abide by the policies and rules as contained in LOLART School Calendar

Student Signature _____

Date _____

If applicable:

(Parent/Guardian) Printed Name _____ Signature _____ Date _____