



# UC SUMMER DRAMA FOR INTERNATIONAL STUDENTS 2024 STUDENT REGISTRATION FORM

Please return to [summer.drama@utoronto.ca](mailto:summer.drama@utoronto.ca) by May 31, 2024.

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## STUDENT INFORMATION

First Name: \_\_\_\_\_  
Middle Name(s): \_\_\_\_\_  
Family Name: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Passport Number: \_\_\_\_\_

Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ (dd/mm/yyyy)  
City of Birth: \_\_\_\_\_  
First Language: \_\_\_\_\_  
Languages Spoken: \_\_\_\_\_

### Address in Home Country

Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Province/State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Mobile Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

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## PARENT/LEGAL GUARDIAN INFORMATION

### PARENT/LEGAL GUARDIAN 1 (Required)

First Name: \_\_\_\_\_  
Family Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone Number 1: \_\_\_\_\_  
Telephone Number 2: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN 2 (Optional)

First Name: \_\_\_\_\_  
Family Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone Number 1: \_\_\_\_\_  
Telephone Number 2: \_\_\_\_\_

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## EMERGENCY CONTACT INFORMATION

First Name: \_\_\_\_\_  
Family Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone Number 1: \_\_\_\_\_  
Telephone Number 2: \_\_\_\_\_

**STUDENT MEDICAL INFORMATION**

**Does the Student have any pre-existing physical or mental health conditions that we should be aware of?**

Yes     No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the Student require special assistance or support services?**

Yes     No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the Student have any severe, life-threatening allergies?**

Yes     No

If yes, please give details & indicate severity of allergy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the Student have any non-life-threatening allergies?**

Yes     No

If yes, please give details & indicate severity of allergy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe what measures need to be taken if the student comes into contact with any of these allergens (e.g. hospital visit required, medications to be administered, etc.):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the Student take or carry any medications?**

Yes     No

If yes, please provide detailed information about the medications (name, condition being treated, dosage, frequency of administration, etc.): \_\_\_\_\_

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**If the student requires any behavioural/learning accommodations in the classroom, please provide information about what these accommodations are and how we can best facilitate them:**

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**Does the Student have any special dietary needs (halal, kosher, vegetarian)?**

Yes     No

If yes, please give details: \_\_\_\_\_

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**HEALTH INSURANCE INFORMATION**

General health insurance coverage is included as part of the Program fees. If Parents/Legal Guardians prefer to arrange insurance directly rather than use the insurance arranged by the University, the insurance information must be provided with evidence that it is in force prior to the Student's arrival to the Program. No Student can participate in the Program without satisfactory coverage. If an independent health insurance policy is being secured for the Student, Confirmation of Insurance must be provided.

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**IMMIGRATION STATUS IN CANADA**

**Does the Student currently have a Study Permit/Has the Student's Study Permit application been approved?:**

Yes     No     Pending

**Tick off the box that applies to your immigration status:**

Study Permit/Student Visa     Visitor Visa/Visitor Status     Canadian Citizen

Other (please give details): \_\_\_\_\_

**TRAVEL INFORMATION**

Please indicate if the Student will require Airport Pick-Up and/or Drop-Off services.

\*If you indicate 'No,' the Student is responsible for his/her own arrival to and/or departure from the Program

The Student will require Airport Pick-Up:

Yes     No

The Student will require Airport Drop-Off:

Yes     No

**FLIGHT DETAILS**

**Arrival**

Airline & Flight #: \_\_\_\_\_

Arrival Location: \_\_\_\_\_ (Airport Code)

Arrival Date: \_\_\_\_\_ (dd/mm/yy)

Arrival Time: \_\_\_\_\_ (hr:min)

**Departure**

Airline & Flight #: \_\_\_\_\_

Departure Location: \_\_\_\_\_ (Airport Code)

Departure Date: \_\_\_\_\_ (dd/mm/yy)

Departure Time: \_\_\_\_\_ (hr:min)

**Airport Transfer** (Only complete this section if the Student's flight routes include layovers)

None     One Way     Two Ways

1. Point of Transfer: \_\_\_\_\_ (City)    \_\_\_\_\_ (Airport Code)

2. Point of Transfer: \_\_\_\_\_ (City)    \_\_\_\_\_ (Airport Code)

The University of Toronto recommends that Parents/Legal Guardians arrange travel insurance for Students.

**EXTRA DAY ON CAMPUS**

The Student can check into the program on July 7, 2024 (program starts on July 8) and check out on July 28, 2024 (program ends on July 27). The Student may stay one day longer before and/or after the Program period, at an additional rate of \$125.00 CAD per day, if his/her travel arrangements require it. Students requesting any additional Extra Days beyond the two that are offered may be approved on a case-by-case basis. Please indicate if, due to travel constraints, the Student will need to stay on campus for one or two Extra Days:

Yes     No

If yes, please indicate the date(s) of the Extra Day(s): 1. \_\_\_\_\_ (dd/mm/yy) 2. \_\_\_\_\_ (dd/mm/yy)

If you indicated 'yes,' the additional charge will be added to your Program Fees.

**GOVERNMENT OF CANADA CUSTODIAL DECLARATION FORM**

Enclosed with this Acceptance Package is a Government of Canada Custodial Declaration Form. Details on Custodianship Requirements and can be found on the following Government of Canada website: <http://www.cic.gc.ca/english/visit/minors.asp>. Please tick off the box below to indicate that You (the Student's Parent/Legal Guardian) have completed the form, that it has been notarized, and that it is being submitted to us with this Student Registration Form.

Yes, the completed and notarized Government of Canada Custodial Declaration Form is attached to this completed Student Registration Form.

**PARENT/LEGAL GUARDIAN CONSENT AND DECLARATION**

I, the undersigned, have read and reviewed this Student Registration Form and confirm that all information enclosed is accurate to the best of my knowledge. I understand that this is a residential academic program and hereby give my son/daughter or legal dependent permission to attend this program. I have read, I understand, and I agree to be bound by the University of Toronto's UC Summer Drama for International Students Program Terms & Conditions Agreement.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

**STUDENT CODE OF CONDUCT**

The University of Toronto expects students to act with maturity and to make responsible decisions concerning their conduct. All students and staff are expected to actively contribute to creating a safe, stimulating, and supportive learning and living environment.

Each student has the right to be treated with respect and has an obligation to treat others with respect. Students will actively foster a welcoming, friendly, and inclusive environment both in and out of the classroom. The University of Toronto does not tolerate discrimination, harassment, or bullying on the basis of, but not limited to, race, ancestry, ethnic origin, citizenship, age, gender, sexual orientation, religious beliefs, marital status, or ability.

All students are expected to acknowledge and abide by the rules outlined in the enclosed Terms and Conditions Agreement.

I, \_\_\_\_\_, have read and understood the expectations outlined above and in the General Rules of Conduct.

Student's First Name

Student's Last Name

I also acknowledge that possession and/or consumption of alcohol or illegal substances is forbidden throughout the duration of the Program and that violation of this policy will result in my immediate expulsion from the Program. I further accept that if I am found to be in possession of illegal substances, that the police may be involved and criminal charges could be laid.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

## SUBMITTING FINAL FORMS

**Please return all forms by May 31, 2024.**

To complete your registration for the UC Summer Drama for International Students Program, you must submit the Student's final forms via email to [summer.drama@utoronto.ca](mailto:summer.drama@utoronto.ca), pay the first installment upon acceptance, and pay the remaining program fees by **June 15, 2024**.

### Completed Final Forms Checklist:

- Registration Form
- Notarized Government of Canada Custodial Declaration Form

### Next Steps:

- If applicable, secure Student's Canadian Visa or eTA. You should apply for your Canadian Visa or eTA *as soon as you receive your Letter of Acceptance*
- Pay the first installment (\$1,500) upon acceptance.
- Pay the remaining Program fees balance no later than June 15, 2024
- If applicable, secure Student's independent Health Insurance and/or Travel Insurance Coverage
- Submit Student's finalized Flight Details to the International Summer Theatre Program Office if they are not completed in Registration Form above or if they have been changed

**If you have any questions, please contact the  
UC Summer Drama for International Students  
Office by email at  
[summer.drama@utoronto.ca](mailto:summer.drama@utoronto.ca)**