



## International Student Program Agent Agreement

This Agent Agreement is between Hope Lutheran Christian School and the Agent named below:

Legal Last Name	Legal First Name	Usual First Name (if different from legal)
Registered Company Name (required)	CRA Business Number (required)	
Address: _____ <span style="display: block; text-align: center; font-size: small;">Street</span>	City	Postal Code
Phone #: _____	Cell #: _____	
Email: _____		

**In reference to the following student:**

Legal Last Name	Legal First Name	Usual First Name (if different from legal)
Date of Birth: _____ / _____ / _____ <span style="display: block; text-align: center; font-size: small;">Year                  Month                  Day</span>		
Requested Start Date: _____ / _____ <span style="display: block; text-align: center; font-size: small;">Year                  Month</span>		Requested Grade Level: _____ Expected Length of Stay: _____

**The following shall be required of the Agent for the length of the student's study time under this agreement:**

- arrange and submit completed registration package to the School,
- be present during student's admission interview with School,
- arrange for student's Study Permit through Citizenship and Immigration Canada, and supply a copy to the School,
- ensure the safeguarding and validity of student's Study Permit and all related documents,
- ensure sufficient medical insurance in place for length of student's study term and supply a copy to the School,
- monitor and manage the student for the length of their study time at the School, and
- act as the liaison between the School and the student's parents/custodians as required.

**The following shall be required of the School:**

- set tuition fees,
- provide Letter of Acceptance within 3 business days of receipt of full payment of tuition fees, and
- strive towards a high standard of education guided by the Christian faith.

**Commission:** Hope Lutheran Christian School will pay the Agent the sum of \$100.00 per month for every month the student is enrolled at the School under this agreement, up to a maximum of \$1,000.00. The commission payment will be made in two installments of 50% each. The first payment will be made once all tuition and fees have been paid and a copy of the valid Study Permit has been provided to the School. The second payment will be made once the student has completed their initial enrolment period, subject to the Agent fulfilling their responsibilities to the student and the School to the satisfaction of the School. It is the responsibility of the Agent to submit invoices for each commission payment installment to the School, and the School will pay the approved invoice within 45 days of receipt. The School will pay an Agent commission fee to one Agent per student, and for initial school year enrolment period only.

**Expenses:** Hope Lutheran Christian School will not be obligated to reimburse the Agent for any expenses incurred during the carrying out of his/her duties as an Agent.

Agent's Name: _____ <span style="display: block; text-align: center; font-size: small;">(please print)</span>	Agent's Signature: _____	Date: _____ / _____ / _____ <span style="display: block; text-align: center; font-size: small;">Year          Month          Day</span>
Parent's Name: _____ <span style="display: block; text-align: center; font-size: small;">(please print)</span>	Parent's Signature: _____	Date: _____ / _____ / _____ <span style="display: block; text-align: center; font-size: small;">Year          Month          Day</span>
Principal's Name: _____ <span style="display: block; text-align: center; font-size: small;">(please print)</span>	Principal's Signature: _____	Date: _____ / _____ / _____ <span style="display: block; text-align: center; font-size: small;">Year          Month          Day</span>