

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

Name: _____
Legal Last Name Legal First Name Usual First Name (if different from legal)

Registered Company Name (required): _____

CRA Business Number (required): _____

Address: _____
Street City Postal Code

Phone #: _____ Cell #: _____

Email: _____

In reference to the following student:

Name: _____
Legal Last Name Legal First Name Usual First Name (if different from legal)

Date of Birth: MMM / DD / YYYY

Requested Start Date: MMM / YYYY Requested Grade Level: _____ Anticipated 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 safeguarding and validity of student's Study Permit and all related documents,
- ensure private medical insurance is in place until student receives required BC Government's Health Insurance, and provide proof of both,
- monitor and manage student for length of their study time at School, and
- act as liaison between School and student's parents 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 their duties as an Agent.

Agent's Name: _____
(please print)

Signature: _____

Date: MMM / DD / YYYY

Parent's Name: _____
(please print)

Signature: _____

Date: MMM / DD / YYYY

Principal's Name: _____
(please print)

Signature: _____

Date: MMM / DD / YYYY