

IMM 1294 – Sample document for Child Study permit

Cognizant Technology Solutions

COGNIZANT TECHNOLOGY SOLUTIONS [Company address]

IMM1294E – Application for study permit made outside Canada



Government
of Canada

Gouvernement
du Canada

PROTECTED WHEN COMPLETED - B
PAGE 1 OF 5

APPLICATION FOR STUDY PERMIT MADE OUTSIDE OF CANADA

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

Validate

Clear Form

1 UCI	2 *I want service in	OFFICE USE ONLY Validated
-------	----------------------	------------------------------

PERSONAL DETAILS

1 Full name		
*Family name (as shown on your passport or travel document)	Given name(s) (as shown on your passport or travel document)	
2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ?	<input type="checkbox"/> *No	<input type="checkbox"/> *Yes
b) Family name	Given name(s)	

Mention the Family Name/
Surname & Given Name as
per the current passport

Mention "Yes" only if there was
a name change in the passport

*3 *Sex	4 Date of birth	5 Place of birth	
	*YYYY *MM *DD	*City/Town	*Country or Territory
6 *Citizenship			

DOB, place of birth, country and
citizenship should be as per the
current passport

7 Current country or territory of residence:				
Country or Territory	Status	Other	From	To
* United States of America	* Other	* Dependent	YYYY-MM-DD	YYYY-MM-DD



From Date – the date your child entered US/current country of residence as a “student/visitor”
 To Date – I94 or I797/ petition expiry date/ resident permit/immigration document end date.
If I 94 or I 797 has expired, please attach the extension receipt in proof of immigration place holder in VRA and enter any date 3 months from the current date you are completing the application.

8 Previous countries or territories of residence: During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (Indicated above) for more than six months?				
			<input type="checkbox"/> *No	<input type="checkbox"/> *Yes
Country or Territory	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD



Applicable only if your child has stayed for more than 6 months in the last 5 years in any other country apart from the country of residence or citizenship

9 Country or territory where applying: Same as current country or territory of residence? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
Country or Territory	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD

10 *a) Your current marital status		b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship		Date
Single				YYYY-MM-DD
c) Provide the name of your current Spouse/Common-law partner				
Family name		Given name(s)		

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name	Date of Birth
----------------	---------------

PERSONAL DETAILS (CONTINUED)

11 a) Have you previously been married or in a common-law relationship? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
b) Provide the following details for your previous Spouse/Common-law Partner:			
Family name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Given name(s) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
c) Date of birth <div style="border: 1px solid black; width: 100%; text-align: center;"> <div style="border: 1px solid black; width: 25px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 25px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 25px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px; margin-top: 2px;"> YYYY MM DD </div>	d) Type of relationship <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	From <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">YYYY-MM-DD</div>	To <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">YYYY-MM-DD</div>

LANGUAGE(S)

1 *a) Native language/ Mother Tongue <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">▼</div>	*b) Are you able to communicate in English and/or French? <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">▼</div>	c) In which language are you most at ease? <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">▼</div>
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes		

Mention your
child's native
language

Mention "Yes" only if
your child has written
English language test –
IELTS or CELPIP

PASSPORT

1 *Passport number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2 *Country or territory of issue <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">▼</div>	3 *Issue date <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">YYYY-MM-DD</div>	4 *Expiry date <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">YYYY-MM-DD</div>
5 *For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
6 *For this trip, will you use a National Israeli passport? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			

Provide the details as per
the current passport

NATIONAL IDENTITY DOCUMENT

1 Do you have a national identity document? <input type="checkbox"/> *No <input type="checkbox"/> *Yes				
2 Document number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	3 Country or territory of issue <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">▼</div>	4 Issue date <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">YYYY-MM-DD</div>	5 Expiry date <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">YYYY-MM-DD</div>	

If the child has aadhar card
update the details, else
mention "No"

US PR CARD

1	Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)? <input type="checkbox"/> * No <input type="checkbox"/> * Yes		
2	Document number	3	Expiry date
			YYYY-MM-DD

If the child has US green card, select "Yes" and mention the details, else choose "No"

Current mailing address
- Keep the attorney's details as it is

1 Current mailing address						
P.O. box	Apt/Unit	Street no.	*Street name			
	5th Floor	150	York Street- Green and Spiegel, LLP- Evan J. Green (Emp Id)			
*City/Town	*Country or Territory	*Province/State	*Postal code	District		
Toronto	Canada	ON	M5H 3S5			
2 Residential address Same as mailing address? <input type="checkbox"/> *No <input type="checkbox"/> *Yes						
Apt/Unit	Street no.	Street name		City/Town		
Country or Territory	Province/State	Postal code	District			
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other						
Type	Country Code	No.	Ext.	4 Alternate Telephone no. <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other		

Mention as "No" and provide your current residential address.

Provide your contact number

Alternate phone number, fax number & email address – Keep the attorneys details as it is.

5 Fax no. <input checked="" type="checkbox"/> Canada/US <input type="checkbox"/> Other				6 E-mail address	
Country Code	*No.	Ext.			
1	(416)	862 - 1698	evang@gands.com		

DETAILS OF INTENDED STUDY IN CANADA

1 I have been accepted at the following educational institution (Attach the original letter of acceptance).					
*a) Name of School TO BE DETERMINED			* b) My level of study will be: Primary School		c) My field of study will be:
d) Complete address of school in Canada					
*Province		*City/Town		*Address TO BE DETERMINED	
2 a) Designated Learning Institution # (O#)		b) My Student ID # is:		3 Duration of expected study	*From YYYY-MM-DD
					*To YYYY-MM-DD
4 The cost of my studies will be:			5 *Funds available for my stay (CAD)	6 *a) My expenses in Canada will be paid by:	
*Tuition \$100	Room and board	Other		b) Other	
If you are less than 17 years of age, you must fill out the Custodian Declaration (IMM 5646) form.					

Tuition fee -
minimum \$100

Please convert your
annual salary into CAD

Province; City/Town –
should be same as the
Primary Applicant

Duration of expected
stay - should be same as
the primary applicant

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If you answered "yes", give full details of your highest level of post secondary education.			
1	From YYYY MM	Field and level of study	School/Facility name
	To YYYY MM	City/Town	Country or Territory Province/State

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator.)				
1	From *YYYY *MM	*Current Activity/Occupation	*Company/Employer/Facility name	
	To YYYY MM	*City/Town	*Country	Province/State
2	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country	Province/State
3	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country	Province/State

You would need to provide your child's history from his/her DOB **without any gaps** starting with the current one. You can mention "not applicable" or "student" as an occupation (whichever is applicable). If you run out of room on the form, please use the "Employment Addendum" template available in the "digital docs" to continue the information, convert the same into PDF, and upload same field

Background Information - Provide the appropriate response. If you have provided "Yes" to any of the questions from 3 through 6, then you would need to fill IMM5257 Schedule 1 form

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

Clear Section

1	a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).		
<div></div>			

Please mention the Canada visa details, even if your child applied or travelled in visitor visa, by marking the section 2.c as "Yes"

Please mark the section 2.b as "Yes" if your child received denial status on any visa/petition from any country and it should be mentioned on the section 2.d

2	a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	c) Have you previously applied to enter or remain in Canada?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	d) If you answered "yes" to question 2a), 2b), or 2c) please provide details.		
<div></div>			
3	a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country or territory?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) If you answered "yes" to question 3a) above, please provide details.		
<div></div>			

4	a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) If you answered yes to question 4a), please provide dates of service and countries or territories where you served.		
5	Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6	Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.			

SIGNATURE

Citizenship and Immigration Canada (CIC), or an organization at CIC's request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? (Y/N) ☐ No ☐ Yes

I understand that CIC is collecting this personal information to assess whether I should be granted a study permit and will use this information to verify my eligibility for a study permit as well as my compliance with the conditions of my study permit. CIC may disclose my personal information to CBSA to enforce the requirements of the Immigration and Refugee Protection Act.

I also understand that CIC may disclose my personal information to my designated learning institution to inquire whether I am in compliance with the conditions of my study permit. I consent to the disclosure of my personal information by my designated learning institution to CIC for the purpose of determining whether I am in compliance with these conditions. Failure to provide such consent will result in a refusal to grant a study permit.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD



IMPORTANT NOTE:

This application must be signed and dated before it is submitted by mail.

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

PRIVACY NOTICE

Personal information provided on this form is collected and will be used, disclosed, and retained by Immigration, Refugees and Citizenship Canada (IRCC) under the authority of the Immigration and Refugee Protection Act (IRPA). The personal information provided will be used for the purpose of processing applications. The personal information provided may be disclosed to other federal government institutions and third parties including law enforcement bodies, provincial/territorial governments and/or foreign governments for the purpose of validating identity, eligibility and admissibility.

The personal information collected on an application, and other information collected in support of an application, may be used for computer analytics to support processing of applications and decision making, including your application. Personal information, including from computer analytics, may also be used for purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Where biometrics are provided in support of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.1(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate, or prosecute an offence under any law of Canada or a Province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. Further details are available in [Info Source](#). If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the [Office of the Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's personal information bank - [IRCC PPIU 051](#).

Validate



This form must be validated and dated. Please upload the form in VRA in an editable format. Please remember this form should not be signed or scanned by the applicant