

Ph: 604-903-3444 Fax: 604-903-1258 international@sd44.ca

	Application For	m			
Date of Application:					
I am applying for school start date:	○ September	(year)			
(year) (Elementary students only)	(Secondary students only)	(year) Attach Photo			
Students are placed into age appr	ropriate grades. Please indicate gra	ade:			
Elementary: K Gr. 1 Gr. 2	○ Gr. 3 ○ Gr. 4 ○ Gr. 5 ○ Gr	r. 6			
Secondary: Gr. 8 Gr. 9 Gr	. 10 O Gr. 11 O Gr. 12 O				
School Choice 1. (Based on availability)	2	3			
Name:					
Family Name:	First Name:	Middle Name:			
Canadian Name:					
Birthdate:		Gender:			
Day: Month:	Year:				
Country of Birth:	Citzenship:				
Permanent Address:					
Street:	Phone (Home):				
City:	Fax (Home):				
Country:					
Names of Parents:					
Family Name:					
Name of Father:	Name of Mothe	r:			
Employer Name (Father):	Ph. (Office):	Email:			
Employer Name (Mother):	Ph. (Office):	Email:			
Local contact information to be us	sed during application process (	f Applicable)			
Contact Name:	Relationship:	Phone:			
Street:	Email:				
City:	Prov.: F	Postal Code:			



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# **MEDICAL HISTORY**

List all medical health	issues and medication	n(s) required			
Does the applicant have socially?	any medical conditions	s which would h	inder the ability t	o fully part	icipate academically and
My child is in excellen	t health and currently	does not require	e medical attention	on or medic	cation.
					ased through the North lical insurance must be
ACADEMIC INFORM	ATION				
☐ I enclose transcripts o	r certified true copies	of report cards f	rom my previous	two-three	years of education.
If you are currently e	nrolled in a Canadiar	school, pleas	se fill out the follo	wing:	
I am currently enrolle	d in Grade	, at the following	ng school:		
School Name:			Address:		
City:	Prov.:	Postal Cod	de:	Cou	ntry:
Phone:			Fax:		
Name of English Tea		R (IF APPLICAB	Name of Princi	pal:	
Family Name:			First Name:		
City:	Prov.:	Postal Co			ntry:
Phone:			Fax:		
Ph. Office/ Home:	Fax Office/ Home :		Email:		
students may res international stu	nestay arrangements b	oe made by an lives, or in appro	approved local hoved North Vancuver with their c	ouver home	estays only. All elementary
Family Name:			First Name:		
Relationship:					
Street:		ty:	- Pro	v.:	Postal Code:
Phone (Home):	Ph	one (Work):		Email:	



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### **CUSTODIAL GUARDIANSHIP**

International students are required to have a local custodial guardian while in Canada unless they are residing with their own parent(s). My child will be under the custodial guardianship of the following person who is over the age of 25. Family Name: Relationship: Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_ Email: \_\_\_\_\_ REFUND POLICY The program application/administration fee is non-refundable. If an international student applicant does not participate in the program, or withdraws from the program during the school year, tuition fees are non-refundable. No refund will be given if the student is asked to leave the program as a consequence of violation of the Participation Agreement. If an international student becomes a landed immigrant or permanent resident one month prior to the start of the school year or during the school year, fees are non-refundable. In the event that authorization for study is not approved by Canada Immigration, a refund of tuition fees will be issued providing the school district is notified one month prior to the start of the program. Appropriate written documentation from Immigration must be provided to the Program Administrator. All requests for refunds must be put in writing and received by the International Education Office no later than one month prior to the start of the school term. The North Vancouver School District is not liable for losses/expenses that may occur as a result of the District being unable to provide education owing to labour disputes, inclement weather or causes beyond its control. In order for a student to be considered for this program, the following documents must accompany the application form: translated certified transcripts or school reports for previous two(2) to three(3) years two(2) reference letters, one of which attests to the student's English proficiency applicant's handwritten letter indicating why he/she would like to participate in the program proof of age (passport) description of any medical concerns, chronic illness, or allergies and any medication required application/administration fee

Acceptance by the School District does not guarantee the right to graduate with a Dogwood Certificate(Grade 12 BC Graduation Certificate). International students must meet the Ministry of Education graduation requirements to receive their degree. The North Vancouver School District also offers, on an additional fee basis, a Summer English Language Program (July and August) and new students are strongly encouraged to apply. I have read and fully accept the fee structure and refund policy.

Student Signature: Parent Signature:



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### PARTICIPATION AGREEMENT

- Student can demonstrate functional literacy in English.
- Student agrees to abide by the laws of Canada and the policies of the North Vancouver School District.
- Student must attend school on a regular basis. Absences must be satisfactorily explained
- Student is expected to complete all homework and assignments, and to use English as the primary language during the program.
- Student will obtain medical insurance through the North Vancouver School District and hold a current Study Permit.
- Secondary age students agree to reside within the boundaries of North Vancouver with their parent(s), relatives, or in a homestay approved by the Program Administrator.
- Elementary age students (Kindergarten to Grade Seven) must reside with their own parent(s).
- Student agrees to refrain from the use of drugs and other controlled substances other than those prescribed by a doctor for medical purposes
- Student is not permitted to operate motor vehicles
- Unresolved school related conflicts will be referred to the Program Administrator for mediation. The Program Administrator's decision is final. Infractions of the terms of this agreement may result in the immediate dismissal from the International Education Program and the termination of the study permit

I have read and fully accept the terms of this Participation A	Agreement.
Student Signature:	Parent Signature:
THE APPLICANT acknowledges that participating in the INTERNATIO RISKS and that the Applicant faces the possible RISK OF INJURY, LO	
THE APPLICANT ASSUMES ALL RISK arising from the Program and Remployees, agents, officers and their respective successors, assigns "Indemnified Group") of and from ANY AND ALL ACTIONS, CAUSES INCLUDING PERSONAL INJURY OR LOSS OF LIFE, interest, costs, exarising, whether known or unknown in which the Applicant now has resulting or arising from any cause, matter or thing whatsoever exist Program INCLUDING the GROSS NEGLIGENCE of anyone in the Indeed	s, heirs and personal representatives and each of them (the OF ACTION, LOSSES, CLAIMS, DEMANDS, DAMAGES, xpenses and compensation of whatsoever kind and howsoever or at any time hereafter can, shall or may have in any way ting up to the present time of and from or in connection with the
If the Applicant becomes ill or sustains personal injury or becomes incapa deems necessary, including securing medical treatment and transporting no liability whatsoever in this regard. The Applicant's participation in the F sent home at the Applicant's own expense for the Applicant's breach of SI Program Participation Agreement, and SD 44 will have no liability whatsoer	the Applicant home at the Applicant's expense, and SD 44 will have Program may be terminated without any refund and the Applicant D 44's standards of conduct or breach of the International Education
The Applicant acknowledges that he or she is ABANDONING THE RIGAGREES NOT TO MAKE ANY CLAIM or take any proceedings against corporation who might claim contribution or indemnity from SD 44 or RIGHT TO TAKE ANY SUCH LEGAL ACTION.	t any of the Indemnified Group or any other person or
THE APPLICANT WILL INDEMNIFY AND SAVE HARMLESS THE INDER expenses which the Indemnified Group may sustain or incur in connection the Applicant's participation in the Program or from any action, suited Indemnified Group for or in respect of any act, matter or thing done, Group in and about the Program, including the legal fees of the Indeed	section with any act of the Applicant or resulting from the from or proceeding threatened, started or prosecuted against the or omitted to be done, by the Applicant or the Indemnified
By signing this Release and Indemnification, the Applicant confirms INDEMNIFICATION and confirms having received independent legal or has been ADVISED TO SEEK INDEPENDENT LEGAL ADVICE prior sought the independent legal advice he or she has deemed appropriate the control of th	advice prior to the execution of this Release and Indemnification to the execution of this Release and Indemnification and has
This Release and Indemnification will ensure to the benefit of and will be ${\bf E}$ assigns.	BINDING UPON THE PARTIES and their respective successors and
Signature of Applicant's Parent:	

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