

# 2014~2015 INTERNATIONAL STUDENT PROGRAM APPLICATION PROCEDURE

## **Application Checklist:**

- 1. Completed Application Form
- 2. Academic Transcript copies (Chinese & English Version)
- 3. Studying Certificate
- 4. Graduation Diploma (if you have finished Grade 9 in China)
- 5. Personal statement (if available)
- 6. Two recommendation letters from teachers (if available)
- 7. Copy of student's passport
- 8. Child's immunization record (Please submit when you get the study permit)
- 9. \$5000CAD deposit that should be wired to the school within 10 workdays from the date admission is offered
- 10. The balance of the tuition fee should be wired to the school within 10 workdays from the date the Canadian Visa (Study Permit) is issued
- 11. The student's flight information should be sent to the school as least 3 workdays before the student arrives at the school

1493 K.L.O. Road, Kelowna, B.C. V1W 3N8

## **APPLICATION FOR ADMISSION – INTERNATIONAL STUDENT 2014-2015**

Applying for: Grade \_\_\_ Starting in: Spring  $\square$  Fall  $\square$  /201\_\_

Student's Name			Boy	_ Girl			
	Surname	First					
Address			Postal Code	Postal Code			
City	Coun	trv	Citizenshin:				
	rade Date of Birth		Citizenship:				
Birthplace			Language spoken at home				
Current School (nam	ne and address	):					
Previous travel:				_			
Father's Name			Mother's Name				
Surname	First	Middle	Surname First	Middle			
Date of Birth	Month	V	Date of Birth				
Day Occupation		Year	Day Month Year Occupation				
Home Phone			Home Phone	_			
Business Phone			Business Phone				
E-mail Address			E-mail Address				
Mailing Address			Mailing Address				
(If different from home	e address)		(If different from home address)				
			-				
hereby certify that	t the above in	formation and all	other application documents are correct. I her	eby agree			
o support the school	ol rules and r	egulations laid do	wn by the Kelowna Catholic Public School Co School, as long as my child remains a pupil th	ouncil, the			
•		- 3					
Parent Signat	ure		Student Signature				

## **MEDICAL ALERT INFORMATION QUESTIONNAIRE**

#### for Senior Secondary Students

STUDENT NA			
	First	Last	Date of Birth
SCHOOL ATTI	ENDED:		
			(Please Print)
	tifying any of the following for specific information.	g emergency h	ealth conditions will be contacted in private by the public
Indicate with	a check mark ( $$ ):		
E	mergency Conditions		Non-Emergency Conditions
E <sub>1</sub> H H Sc Sc Ca H D	iabetes pilepsy eart Disease aemophilia eizure evere Allergies to susing symptoms such as: ives ifficulty breathing welling		Mild Allergies (controlled with medication) Anorexia Mild Asthma (controlled with medication) Cancer Depression (treated with medication) Dyslexia Migraine Headache Narcolepsy Medication allergy (e.g. Antibiotics) Schizophrenia
TI Fa S <sub>I</sub> —	ainting/loss of consciousned pecify others  ave you ever required emeater in a hospital for a sever	ergency	Lupus Hyperactive condition (treated with Ritalin) Aggressive condition Hearing impaired Visually impaired Physical disability Physical disability
al	lergic reaction?yesno		Specify others
U	na causing: ktreme difficulty breathing ncontrollable coughing /heezing not relieved with		
Your pu	ıblic health nurse may be o	contacted at:	Kelowna (250)868-7700 Rutland (250)861-7388 West Kelowna (250)768-7646

## **Personal Information Privacy Policy (PIPA)**

Used by Independent Schools for parents and students as they pertain to the PIPA legislation.

name:	
(Parent/GuardianPleas	e print)
_	lata Regional High School collect personal information that may include student wirth certificate, legal guardianship, court orders if applicable, parents' work
	s, behavioural, academic and health information, most recent report card,
emergency contact name an	nd number, doctor's name and number, health insurance number and any similar
information needed for regis	stration.
I further consent to the use	and disclosure of information contained in this form and otherwise collected by or
on behalf of Immaculata Re	$oldsymbol{gional}$ $oldsymbol{High}$ $oldsymbol{School}$ (1) for the purpose of establishing, maintaining, and terminating
the student's or parent's rela	ationship with Immaculata Regional High School, (2) for additional purposes
identified when or before pe	ersonal information is collected, and (3) as otherwise provided in Immaculata
Regional High School's Person	onal Information Privacy Policy, a copy of which is available on request. I also
	e and disclosure of such personal information by and to agents, contractors and
service providers of Immacu	
	in order to register your child at this school and assist the school authority in
	n as to your child's suitability and appropriate placement in the school. It will also
	immediately to an emergency. For more information, the privacy officer for
Immaculata Regional High S	School is the school principal and may be reached at 250-762-2730.
Signature:	Date:
of students for promotional and cultural events taking pl not required for educational school newsletter, school re	ol to allow staff, parents, and media to photograph individual students and groups material, to commemorate events, and to promote various educational, sports, lace in the school. While these add to the community life of the school, they are purposes. Students' names, photographs and comments may be published on the ports or in the news media. I permit the publication of my child's name, for the purposes consistent with the above.
Signature:	Date:
purposes. We sometimes ha	none lists at each grade level to be used by school personnel for various school ave parents involved in phoning to fan out information for school purposes. I phone number being on the school phone lists.
Signature:	Date:

#### **Parent Personal Information**

personal information.

I acknowledge that my vehicle insurance information	n and driving record are required by the school to protect
against third party liability claims in case of an accide	ent, should I use my vehicle to drive for the school. I
understand that this information will only be release	ed in the event of an accident.
Signature:	Date:
<u> </u>	<del></del>
Release and Storage of Parent Personal Information	n
Immaculata Regional High School acknowledges that	at there will be no disclosure of personal information to
unauthorized personnel or third parties who are not	directly involved in school management or the care,
supervision and instruction of your child at this scho	ol, unless written authorization from a parent or legal
guardian is provided to the school. The school will se	ecurely store all digital and hard copy parent and student

Signature:\_\_\_\_\_\_(Mr. Rob Plaxton)

Principal Phone: (250)762-2730

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## Behavior Code Agreement with All International Students and Their Parents

Each student is held accountable for their actions and high moral standards are required. All students must agree to the rules outlined in the Immaculata Regional High School Student Handbook which will be given to each student upon arrival to Immaculata Regional High School.
The rules of the Handbook include, but are not limited to:
No drinking of alcoholic beverages.
No use of tobacco (smoking or chewing).
No consumption of illegal drugs.
No premarital sexual relations.
No use of profanity.
No weapons on school grounds.
No cheating or plagiarism.
No sleeping in class.
Must agree to abide by school dress code as outlined in the handbook, including Physical Education class.
Must complete community service hours required per grade level.
Must agree to the attendance policy outlined in the handbook.
Must agree to obtain permission from biological parents in order to travel in Canada when traveling without the host
family. A 25 year old adult must accompany those students under the age of 18.
Must agree to complete summer readings and assignments.
Must agree to purchase supplies as listed on the supply sheet.
International students must agree to be culturally sensitive and respectful to students from other countries and students from their own country.
There will be other speakers of your native language; however, you must agree to use English while in the classroom.
If a student participates in any of the extra-curricular athletic programs, they must have a physical examination annually.
No new international students are permitted to obtain a driver's license while attending the school.
I understand that failure to abide by the first seventeen promises will result in disciplinary action that could include
suspension or expulsion from Immaculata Regional High School. My signature indicates that I understand these guidelines
and consequences.
Student's Signature Date
Parents' Signature Date
Turvino digitative

## **Chinese Version of Behavior Code**

该文件为原件之翻译件,仅供阅读和参考。

## 伊曼库雷塔高中 国际学生校规遵守协议

国际学生校规遵守协议				
每位学生都要有自我行为负责感以及很高的道德标准。所有学生必须同意遵守学校的学生手册。这本学生手册会在				
学生到校后,发到每个学生手中。				
手册包括并不限于以下各项:				
学生不得饮用酒精类饮料。				
学生不得使用烟草产品(吸烟或咀嚼)。				
学生不得购买非法毒品。				
学生不得进行婚前性行为。				
学生不得有亵渎的语言和行为。				
学生不得在校内带武器。				
学生不得抄袭或作弊。				
学生不得在课堂上睡觉。				
学生须按照手册要求穿着校服,包括体育课。				
学生须根据所在年级的要求完成相应的社区服务。				
学生须遵守学生手册仲学校出勤规定。				
如果学生不在寄宿监护下在加拿大境内旅游,须获得亲生父母亲的同意,方可出游。18周岁以下的学生必须有年满				
25 周岁以上监护人陪同。				
学生须完成暑假阅读任务和暑假作业。				
国际学生应注意文化差别,尊重来自其他国家以及本国的学生。				
班级中会有讲汉语的同学,但是在教室里学生必须讲英语。				
如果学生参加任何课外体育活动,必须有医生年检证明方可参加。				
新的国际学生在伊曼库雷塔高中上学期间,不得考取驾照。				
本人理解若不遵守上述 17个纪律条款将导致伊曼库雷塔高中开出包括停学和开除在内的处分措施。本人已阅读伊曼库雷塔高中国际学生的协议内容,同意遵守所有条款,并签名如下。				
家长签字 日期				
学生签字 日期				

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International Student Yearly Tuition & Fee Invoice January/2015 – January/2016

Standard Total: CAD\$34,550 (including two semesters fees, from January /2015 to January /2016)

#### Includes:

- Tuition
- Textbooks
- Registration Fee
- Standard Administrative Fee
- Medical Insurance
- ESL Fee (Excludes extra English tutoring fee)
- Miscellaneous Fee
- Homestay Charge for Ten Months
- Homestay Placement Fee
- 3 meals a day
- International Fee (Excludes non-standard extra-curricular)
- Yearbook Fee
- Custodianship Fee
- Lockers Fee
- Airport Pickup

An initial deposit of \$5,000 CAD is required in order to process the official acceptance letter. The remaining balance must be paid within 10 workdays from the date the Canadian Visa (Study Permit) is approved.

#### Additional Information:

- -All international students must bring a laptop or tablet
- -Recommended personal spending money: at least \$150.00 CAD per month
- -Fees do not include personal pocket money, phone calls, and personal belongings.

We confirm we have read and agreed to the fee list above.

Father's Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_\_

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## International Student Refund Policy (2014-2015)

We	, as parent(s)/ guardian(s) of	, the undersigned,
agree to pay the tuition and fees, and Regional High School. I also agree to	I to comply with all other policies while my give my time, interest, and finances to Imrature, I accept the following international r	y child, is attending Immaculata maculata Regional High School to
1. Deposit refund		
* * * * * * * * * * * * * * * * * * * *	fundable. If the student is unsuccessful in or efunded less the application fee, wiring fee h any of the deposit will be refunded.	
2. Tuition and fees		
	4-2015 school year is CAD\$34,550. If the ance will be wired to the bank account cho	9
adapt to his/her new environment in	h School understands that an international Canada and we will try our best to make y ils to abide by behavior code, this will resum Immaculata Regional High School.	our child adjust. However, if your
-	issed from the school; or who withdraws of the unused portion of his/her homestay fee	·
Mother's Signature	Da	te
Father's Signature	Da	te
Guardian's Signature	Da	te

注:该文件为原件之翻译件,仅供阅读参考,签字部分要求学生费用支付人亲自填写,提交后所有签字都将认可为费用支付人签名,如产生任何签字或财务纠纷,学校不予负责。

## 伊曼库雷塔高中国际学生退款政策

作为以下这位签名的孩子的父母/监护人,我们同意缴纳学费和其他相关费用,并同意在该孩子在伊曼库雷塔高中上学期间遵守学校其他全部政策。我们也同意尽可能奉献我们的时间、关心和资助给伊曼库雷塔高中。我接受以下国际学生退款政策:

#### 1、押金退款

押金(5,000加币)是不可退还的。

如果学生未能成功获得加拿大学生签证,学校在扣除申请费等相关费用后,可以退还 4,500 加币。这是押金可以退还的唯一情况。

#### 2、学费及相关费用

2014-2015 全年费用是 34,550 加币。

如果学生成功签证,那么家长和学生需把剩余费用在10个工作日之内汇到学校账户。

学校的教职工非常理解国际学生需要一段时间来适应加拿大的新环境,我们会尽全力使您的孩子适应。如果您的孩子违反了学校的校纪校规,学校仍将给予学生相应的纪律处分。纪律处分包括停课或者开除。

如学生被开除或劝退,或者学生因为其他原因离开学校或转校,学校仅退还没有被使用的寄宿家庭费用。

<b> </b>	日期 <b>:</b>
父亲签名:	日期:
监护人签名:	日期:



## **CUSTODIANSHIP DECLARATION -CUSTODIAN FOR MINORS STUDYING IN CANADA**

STUDENT INFORMATION							
Student's full name		Citizenship		Date of birth		Sex	
				Y	M D	Male	Female
Name and address of school in Car	nada						
Name and address of school in Cal	llaua						
Address where student will reside in	n Canada						
PARENTS/GUARDIANS INFO	RMATION (Preferably from b	oth parents/quardi	ians)				
		:/Guardian 1	,		Parent	/Guardian 2	
	raieiii	/Guardian i			Fareni	Guarulan 2	
Full name							
Date of birth	Υ	M D			Y	M D	1
Home address							
Telephone number							
CUSTODIAN INFORMATION							
Full name				Status in Canada		Date of birth	М Б
					n citizen or nt resident	Y	M D
Home address				remaner	in resident		
					Talanhana nu		
					Telephone nu	mber	
					'		
The application of the official seal	below confirms that the notary pub	olic has received evider	nce that the custo	odian is a Canadia	an citizen or a per	manent resident, i	s over 19 years of
age, and currently resides at the h	iome address stated above.						•
l,		(name	of custodian), hei	reby solemnly dec	clare that I will und	dertake the full cus	todianship for the
said student,							
the province in which he/she resid	des. As a custodian, I have made th	ne necessary arrangem	nents for the care	and support of the	ne said student in	place of the parer	nts as appropriate.
By signing this custodian agreemed custodian in the event of an emergence of the significant custodian in the event of an emergence of the significant custodian in the event of an emergence of the significant custodian agreement custodian agreeme	ent, I certify that I reside within a re	asonable distance of t	the student's inte	nded residence ar	nd school and wil	I be able to fulfil m	y obligations as a
	,,		Voor	Month Day			
			Year	Month Day	I		
S	Signature of custodian			Date	ı		
Sworn before me at:	(city), in th	e province of		_(province/territor	ry),	cour	ntry (if applicable).
Thisday of	(month), _	(year).					
	Signature of notary			OFFIC	IAL SEAL OF N	OTARY PUBLIC	



## **Student Homestay Questionnaire**

Legal Passport Name: □Male □Female	
Last First	
Date of Birth:/ Cell Phone: Student Email:	
Month Day Year	
Describe your household responsibilities at home:	
Hobbies/sports/activities you like:	
Do you play any musical instruments? – If yes, please list:	
Have you had any medical conditions that we should be made aware of? Yes No	
If yes, please explain:	
Are you taking any medication for this condition? Yes No	
Do you have any allergies? Yes No If yes, please list:	
Do you smoke? Yes No	
How would you describe your personality? (Check all that apply)	
□Outgoing □Enthusiastic □Cooperative □Studious □Tidy □Independent	
□Motivated □Sensitive □Quiet □Talkative □Dependable □Adaptable	
Requests will be considered, but cannot be guaranteed. Host families vary greatly. Some host families may have young children, older children or none at all. Some may be si parents or retired. Please understand that Canada is a multicultural country and that customs and traditions of some families may be different than the students.	ngle
The children of the homestay family:	
a. Number of children: $\square$ prefer no other children $\square$ prefer no more than 3 children $\square$ no preference	
b. Age of children: □prefer no small children under 5 years old □no preference	
Do you like to have pets in homestay family?   Yes   No Please specify:	
What foods do you like?	
What foods do you dislike?	
To the best of my knowledge, I declare all information on this form is correct. I agree to live in a homestay family arranged by school or school authorized representative as long as I study at Immaculata Regional High School. I all understand that the school has no obligation to replace me into another homestay family if I have not indicated the allergic, dietary or medical problems or any other information which could be essential to the placement of homes family.	e
Student Signature:	