



INTERNATIONAL STUDENT APPLICATION FORM

Last Name: _____ (Please print) Given Name (s): _____ (Please print)

Current Address:

_____	_____
Street	Telephone (Home)
_____	_____
City	Telephone (Other)
_____	_____
County	Postal Code (if applicable)
E-mail Address	

I am applying for admission to School District No. 54 (Bulkley Valley) for the period of:

_____ months beginning _____ or _____ years beginning _____.

I should be placed in grade _____.

Fees: (in Canadian dollars)

- Tuition Fees: \$12,000 / ten-month (full year)
- \$ 6,000 / five-month (semester)
- \$ 1,200 / one-month period

All fees are due in full *thirty* days prior to the beginning of the school term.

Proof of student visa and medical insurance must be provided prior to attending school district.

Refund policy: *

In the event that a student withdraws or is withdrawn from the program, a refund of fees will be applied according to standard practice. Contact the school district for specific details of refund policy.

**All refunds are subject to a \$100 administration fee.*

The following documents must accompany this application form: Complete all sections of this form.

- Official transcripts or certified true copies of **FINAL** report cards for the previous two (2) years
- Proof of age (copy of birth certificate or passport)
- Passport Photo
- Application Processing Fee of \$200.00 Canadian Currency

Email or mail application form and payment to:

Mr. Dave Margerm
 Secretary Treasurer
 School District No. 54 (Bulkley Valley)
 P.O. Box 758
 Smithers, BC CANADA
 V0J 2N0
 Phone: (250) 877-6820
 Email: dmargerm@sd54.bc.ca

NAME: _____

1. PERSONAL INFORMATION:

Date of Birth: _____ Age: _____ Male Female

Family Members, Ages, Gender and Names:

Hobbies/Interests/Talents/Skills:

List your hobbies or interests and any special talents and skills you possess:

Preferred Recreational Activities:

When you have recreational (free) time, what kind of activities do you prefer?

3. SCHOOL AND ACADEMIC INFORMATION:

Name of current school: _____

Address: _____

Have you studied English? YES NO

*Indicate your level of fluency (Please circle the answer 1=poor, 2=marginal, 3=short sentences, 4=fluent)

English: Listening and Speaking 1 2 3 4

English: Reading and Writing 1 2 3 4

4. MEDICAL INFORMATION:

Allergies, if yes please state on line below : Yes/ No (circle one)	Chronic Medical Condition, if yes please state on line below: Yes/ No (circle one)	Mental Health Issues, if yes please specify on the line below: Yes/ No (circle one)

My child is in excellent health and currently does not require medical attention or medication.

5. HOME SCHOOL PRINCIPAL/ COUNSELLOR'S REPORT:

(The following should be completed by a school representative who is familiar with the applicant, and is aware of his/her academic abilities and personal involvement in school activities.)

Applicant's present grade in your school _____ Number of years at your school _____

In your opinion, does the applicant have the ability, work habits, character traits and flexibility to succeed in a foreign environment, which will include learning a foreign language? Yes No

Please explain: _____

I hereby recommend the applicant as an International Student to study in your community.

Signature: _____ Title: _____ Date: _____

5. INTERNATIONAL EDUCATION STUDENT PARTICIPATION AGREEMENT

The Board of Education of School District No.54 (Bulkley Valley) (the “School District”) wishes to provide a challenging and exciting program to students studying in our School District. There are, however certain expectations of students when we accept them into our program. These expectations include important obligations on the part of each student accepted to study at our schools, and we set a high standard in requiring all students to meet their obligations. Each student and the guardian or the parent of each student that is accepted into our program must read the following statement and must, by signing it, agree to be bound by and to honour its terms strictly.

1. Law, Rules and Regulations

I agree that I will abide by all the laws of Canada, the rules, regulations and policies of the School District and the School Rules. In particular, I understand that the unlawful use of drugs will not be tolerated and that alcohol use is also forbidden in all circumstances. I acknowledge that the School District has a firm policy of dismissing students violating the drug and alcohol rules.

2. Homestay

I appreciate that the opportunity to live in an adult homestay environment provides a valuable opportunity to learn about other families and cultures. I acknowledge that it is mandatory for me to live with a homestay family that consists of at least one adult of Twenty-five (25) years of age or older. While living with a homestay family, I will obey family rules and show respect for other family members. I understand that I may change homestay families but only after first discussing the matter with the school Principal and then only with that Principal’s permission. I acknowledge that if at any time I am not living in a homestay, the School District’s policy may lead to my immediate dismissal from the program.

3. Attendance

I understand and accept the obligation to attend all classes in the educational program provided to me. I agree that all absences must be explained by a note from the homestay adult and that unexplained absences may lead to my dismissal from the program.

4. Travel

I agree that I will not travel outside of the Bulkley Valley unless accompanied and supervised by an adult on all such travel. I understand that such adult must be at least twenty five (25) years of age.

I hereby agree to abide by the above stated School District No.54 Rules and Code of Conduct. I understand that serious or constant breach of these rules may result in being sent home at my family’s expense.

Signature of Applicant

Date

I have read and understand the above stated rules and understand that a serious or constant breach of them may result in my son/daughter being sent home at my family’s expense:

Signature of Parent/Guardian(s)

Date

PARENTAL CONSENT FORM

STUDENT:

NAME IN FULL: _____

DATE OF BIRTH: _____

NAME OF SCHOOL IN CANADA: _____

FATHER:

NAME IN FULL _____

PRESENT ADDRESS _____

PHONE NUMBER _____

MOTHER:

NAME IN FULL _____

PRESENT ADDRESS _____

PHONE NUMBER _____

CUSTODIAN:

NAME IN FULL _____

RELATIONSHIP TO STUDENT _____

PRESENT ADDRESS _____

PHONE NUMBER _____ () _____

We, _____, and _____, the parents/guardians of the said
(Father/Guardian's Name) *(Mother/Guardian's Name)*

student, _____, authorize _____ to act in our
(Student's Name) *(Custodian's Name)*

place in times of emergency, and when immediate medical attention or intervention is required.

Date

Signature of Father/Guardian

Signature of Mother/Guardian