INTERNATIONAL STUDENT
APPLICATION FORM

Last Name: ____________________________ Given Name(s): ____________________________

(Please print) (Please print)

Current Address:

Street

City

County

Telephone (Home)

Telephone (Other)

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In the event that a student withdraws or is withdrawn from the program, a refund of fees will be applied according to standard practice.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:

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

Revised January 2015