



# International Student Application Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I am applying for admission to School District No. 91 (Nechako Lakes) for the period of:

\_\_\_\_\_ months beginning \_\_\_\_\_ or

\_\_\_\_\_ years beginning \_\_\_\_\_.

I should be placed in grade \_\_\_\_\_.

I am interested in working towards a BC Dogwood.

YES       NO

**Entrance Dates:** September 1 and February 1

**Application Deadlines:** June 15 and November 15

**Tuition Fees (CDN):** \$12,900/ten-month  
\$6,000/five-month

Annual Custodianship Fee: activity fee \$300 incl.

Homestay Placement Fee: \$300 annually

Homestay Monthly Fee: \$900/month

Medical Insurance Fees: \$850 annually

All fees are due in full thirty days prior to the beginning of the school term. Medical insurance must be purchased through School District No. 91.

**Refund policy:\***

A full refund will be provided if the student is unsuccessful in obtaining the required student visa.

In the event that a student withdraws or is withdrawn from the program at any time after they arrive, a refund of fees will be applied according to the following standard practice.

**Homestay Fees:**

A partial refund of the prepaid yearly rate, prorated by the number of months the student resided in the district will be provided.

**Tuition Fees:**

No tuition refunds will be provided once the student has been fully approved, obtained their student visa and arrived in School District No. 91 to begin their semester of studies.

*\*All refunds are subject to a \$200 administration fee.*

**SUBMISSION INFORMATION FOR THE PARENT OR GUARDIAN:**

Complete all sections of this form.

- Attach a transcript of course grades from the past two years, translated into English.
- Attach two passport-size pictures of the applicant.
- Attach a cheque or money order in the amount of \$200 Canadian to School District No. 91 (Nechako Lakes)

**Fax or mail application form and payment to:**

**International Education**

School District No. 91 (Nechako Lakes)

P.O. Drawer 129

Vanderhoof, BC CANADA

V0J 3A0

Phone: 250-567-2284 • Fax: 250-567-4639

Email: [international@sd91.bc.ca](mailto:international@sd91.bc.ca)

**NAME:** \_\_\_\_\_

**1. PERSONAL INFORMATION:**

Date of Birth (*dd/mm/yyyy*): \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

**Family Members Names, Ages, and Gender:**

**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?

**2. HOMESTAY PREFERENCES:**

**Large Families:** Like  Dislike  No Preference   
(More than five members)

**Small Families:** Like  Dislike  No Preference   
(Less than 5 members)

**Dogs:** Like  Dislike  No Preference

**Cats:** Like  Dislike  No Preference

**3. SCHOOL AND ACADEMIC INFORMATION:**

Name of current school: \_\_\_\_\_

Address: \_\_\_\_\_

Have you studied English?  YES  NO

\*Indicate your level of fluency (Please check 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. HOME SCHOOL PRINCIPAL/COUNSELOR’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 \_\_\_\_\_

List the major courses the student is taking and most recent grade attained in each course to date.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: \_\_\_\_\_

\_\_\_\_\_

Do you believe the applicant has parental support for spending an academic year abroad?

YES  NO

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### 5. MEDICAL HISTORY (Confidential):

**To the Doctor:** *This student is considering a year abroad as an international student. Insufficient, inadequate or improper information about a student relative to medications, psychiatric, psychological, or other medical problems could put the life of this student in danger while overseas. Allergy information in particular is critical to host family placement and student well-being. This Medical History must be verified and signed by the family doctor.*

STUDENT NAME	
ADDRESS	
AGE/GENDER/HEIGHT	

**DO YOU HAVE ANY ALLERGIES?**  YES  NO If YES, what are they? \_\_\_\_\_  
Please obtain a diagnosis from your doctor and attach a copy of it to this form.

**DO YOU HAVE ANY MEDICAL CONDITIONS?**  YES  NO If YES, what are they? \_\_\_\_\_  
Please obtain a diagnosis from your doctor and attach a copy of it to this form.  
If you take prescription medicine, please attach a copy of the doctor's prescription.

**SMOKING IN BRITISH COLUMBIA IS ILLEGAL FOR STUDENTS UNDER 19 YEARS OF AGE. DOES THE APPLICANT CURRENTLY SMOKE?**  YES  NO

**ARE THERE ANY MEDICAL OR PHYSICAL REASONS WHY YOU CANNOT TAKE PART IN P.E./SPORTS ACTIVITIES, ETC.?**  YES  NO  
Please attach a note from your doctor that specifies what kind or extent of sports activities you cannot take part in.

**HAVE YOU HAD ANY SURGICAL OPERATION NOT REVEALED IN THE PREVIOUS QUESTIONS, OR GONE TO A HOSPITAL OR CLINIC FOR OBSERVATION, EXAMINATION OR TREATMENT NOT REVEALED IN THE PREVIOUS QUESTIONS?**  YES  NO

**HAVE YOU TAKEN ANY PRESCRIBED MEDICATION IN THE PAST SIX MONTHS?**  YES  NO

**DO YOU HAVE A HISTORY OF, OR A PRESENT CONDITION REGARDING ANY OF THE FOLLOWING:**

Depression	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Eating Disorder	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hyperventilation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Panic Disorder	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Self-Mutilation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Manic-Depressive	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Psychosis	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

**PLEASE PROVIDE THE FOLLOWING IMMUNIZATION INFORMATION:**

Immunization	Date(s) of Immunization	Immunization	Date(s) of Immunization
Diphtheria	_____	Mumps	_____
Pertussis (Whooping Cough)	_____	Polio	_____
Tetanus	_____	BCG	_____
Rubella (German Measles)	_____	Rubeola (Measles)	_____
SARS	_____	Avian Flu	_____
Other: (Please specify) _____			

**DOCTOR'S CERTIFICATION:** *I certify that I hold a valid current license to practice medicine and I personally know the applicant herein named and have verified the information on these pages and/or on a separate report which is attached. I certify that I am not an immediate relative of the patient. Subject to my remarks and findings noted, I find the applicant:*

\_\_\_\_\_ *In good health and not suffering from any mental or medical condition(s) which would preclude program participation*

\_\_\_\_\_ *Applicant suffers from mental or medical conditions(s) as noted in my report*

\_\_\_\_\_  
*Doctor's Name (please print)*

\_\_\_\_\_  
*Doctor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Telephone Number*

### 6. DENTAL EXAMINATION:

**To the Dentist:** *This student is considering a year abroad as an exchange student. Insufficient, inadequate or improper information about a student relative to dentition, medications, or other problems could put the life of this student in danger while overseas. The Dental Examination may not be completed by an immediate relative of the student. Please type or print.*

STUDENT NAME	
ADDRESS	
AGE/GENDER/HEIGHT	

Please note the general state of dentition and note any dental problems which may occur and which may require attention while the applicant is in another country.

1. Is the applicant in good dental health?  YES  NO
2. Does the applicant require dental work at this time?  YES  NO
3. Do you foresee the applicant requiring any dental work while abroad?  YES  NO  
(If “yes” please explain below and on next page).

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**CERTIFICATION:** *I certify that the applicant’s dental condition is as noted above. I certify that I am not an immediate relative of the patient and hold a valid license to practice dentistry.*

\_\_\_\_\_  
*Dentist’s Name (please print)*

\_\_\_\_\_  
*Dentist’s Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Telephone Number*



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## 7. PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY:

- A. We, the parents/guardians of the applicant, and I, the applicant, hereby authorize the release of medical information acquired in the course of the examination by the physician and dentist.
- B. We, the parents/guardians of the applicant, and the applicant, if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter/ward is an international student with School District No. 91 (Nechako Lakes):
- In the event of accident or sickness, we/I authorize any employee of School District No. 91, authorized chaperones of School District No. 91 activities and host parent(s) of our son/daughter/ward to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment;
  - We/I give permission for any operation, administration of anesthetic or blood transfusion which a certified medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward;
  - We/I further consent to any medical or surgical treatment by a licensed physician, surgeon or dentist that might be required by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice. Permission is granted for immunizations required for school registration;
  - In the case of elective surgery, we/I request that we/I be notified prior to such arrangements.
- C. We/I agree to hold harmless School District No. 91, any School District No. 91 employee, any host family, chaperone, physician, dentist, and medical facility for any intervention in an emergency situation regardless of the final outcome.
- D. We/I agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.
- E. We/I further release School District No. 91, School District No. 91 employees, host parents and chaperones from damages arising out of ordinary negligence, excepting gross negligence or intentional conduct during the time they may be providing care and control of our son/daughter/ward.

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*Father/Guardian's Name (please print)*

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*Father/Guardian's Signature*

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*Mother/Guardian's Name (please print)*

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*Mother/Guardian's Signature*

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*Applicant's Name (please print)*

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*Applicant's Signature*

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*Date of Application*

### 8. SCHOOL DISTRICT NO. 91 RULES AND EXPECTATIONS OF CONDUCT:

**Severe or consistent disregard for these rules will result in being returned home.**

#### **General Expectations:**

1. The main purpose for studying in Canada is to experience the culture and lifestyle of the country. Students must respect and appreciate that this opportunity is the result of the help and support of many people – i.e. parents, host school, host family, and others related to the School District No. 91 International Program. Full participation in school events and host family life is expected.
2. Students must follow and obey the laws of Canada, British Columbia; the policies of School District No. 91; and, the rules of their host school.
3. Students must attend all required classes and activities unless students have medical conditions that prevent this. In such cases, these students must obtain permission to be absent from school from their host parent(s) and ensure that their host parents telephone and notify the school of this.
4. Students must be responsible in their actions and speech, and take responsibility for their consequences. They must not lie to their host family, program coordinator, or school staff.
5. Should they wish to participate in any activities which might involve risk or danger, students must obtain permission from their natural parent(s)/guardians(s) prior to their participation in this activity.

#### **Expectations Related to the Host Families:**

1. Students must obey their host family's rules and try to understand their daily routine. They must be responsible for doing their share of the housework. Their host family's privacy must be respected.
2. Students must not make unnecessarily long telephone calls, especially in their home language, as this may be seen as impolite. They must always ask permission before using the host family's phone and take responsibility for settling their phone bill with the host family.
3. Students must be aware that they may be asked to pay for damage made to the school or host family's property (e.g. appliances, furniture, walls, carpets.)

#### **Behavioral Expectations:**

1. Relationships with the opposite sex that are not known and approved of by the natural parent(s) or the host parents(s) are forbidden – especially relationships involving, or with the potential for sexual activity, or relationships which break the rules and expectations held within this document (i.e. staying out overnight, travel permission, etc.)
2. The intake of alcohol, tobacco, and/or any prohibited drug is forbidden.
3. Driving a car or motorcycle, or being a passenger in a car driven by a person under the age of nineteen is prohibited.
4. Attending a party without the permission of the host family or school is forbidden.
5. Travel may be permitted when travel is with the host parents, natural parents or when visiting other International Students' host families under the conditions set out under "travel procedures."



**(EXPECTATIONS OF CONDUCT, CONT.)**

**Travel Procedures beyond the Community:**

1. Students plan their travel, ensuring they have details of dates, times, means of travel, those accompanying them and names, contact addresses and phone numbers of where they will be staying. Students should also have details of the types of activities they wish to partake in and what kind of extra costs would be involved. In traveling, students should be accompanied by a member of the host family, and/or school staff member, unless the trip involves a mode of public transport (plane, bus, train) where the student is sent off and met by an appropriate adult.
2. Students must ask permission from their host parent(s) and their attending school. Students must report their travel plan to the homestay coordinator.
3. Students must contact their natural parents for permission.
4. Neither notification of the homestay coordinator nor permission of the natural parents is needed in the following cases: overnight stay with other students, provided this has been arranged and agreed on by both host parent(s) and other parent(s) concerned; trips organized by the host school which involve activities, accommodation and travel arranged by and accompanied by host school representatives; trips organized by the host family, which involve activities, accommodations, and travel arranged by and accompanied by host family members.
5. Should you wish to undertake travel on days when school is in session, either with your natural parent(s) or host family, you must notify your Canadian school.

*I hereby agree to abide by the above stated School District No. 91 Rules and Expectations of Conduct. I understand that serious or constant breach of these rules may result in being sent home at my family's expense.*

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*Signature of Applicant*

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*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:*

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*Signature of Parent/Guardian(s)*

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*Date*

**STUDENT**

NAME IN FULL \_\_\_\_\_

DATE OF BIRTH (dd/mm/yyyy) \_\_\_\_\_

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

MANU MADHOK

RELATIONSHIP TO STUDENT

ASSISTANT SUPERINTENDENT

SCHOOL DISTRICT NO. 91 (NECHAKO LAKES)

PRESENT ADDRESS

153 E. CONNAUGHT ST.

VANDERHOOF, BC, CANADA V0J 3A0

PHONE NUMBER

(250) 567-2284

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