

International Student Short Term Application

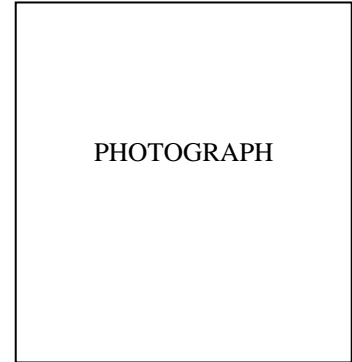
School District #79 (Cowichan Valley)

How to Apply

- 1) Complete the entire form in English.
- 2) The application form can be sent by mail, email, or fax. The pages may be separated for faxing. Send the completed application form to:



District Principal, International Student Program
2652 James Street, Duncan, British Columbia V9L 2X2 Canada
Fax (250) 746-0757 Tel (250) 746-0744
lgamble@sd79.bc.ca or isp@sd79.bc.ca
www.sd79.bc.ca



Please print the following information in English

Date of application : ____ / ____ / ____
Day Month Year

Student's Name _____
Surname (Family Name) Given Names Canadian Name (if desired)

Student's Birthdate: ____ / ____ / ____ Age ____ Male Female
Day Month Year

Student's email address: _____

Student's Country of Birth: _____ Citizenship: _____ First Language: _____

Father's name _____ Mother's name _____ Phone: _____

Parent's Address: _____ Fax: _____

_____ E-mail: _____

Name of Agency (if applicable): _____

Contact person: _____ Phone: _____

Agent's address: _____ Fax: _____

_____ E-mail: _____

For which program are you applying?

- Short Term Winter
- Short Term Summer

MEDICAL HISTORY: (A complete medical examination will be required prior to entry to Canada)

General condition of health: _____

Do you have any medical conditions that might hinder your ability to participate fully, either academically or socially?

Have you been or are you presently taking any medications? _____

If so, please describe: _____

Allergies: _____

Please explain any other medical problems or conditions you have: _____

Do you smoke cigarettes? _____ Do you mind if your host family smokes cigarettes? _____

Medical Authority and Release

We as parents/guardians of the undersigned student do hereby authorize the District Principal or designate or homestay parents to consent to any medical examination, diagnostic procedure and treatment for our son or daughter which is deemed advisable by, and is rendered, under the general supervision of any licensed physician. The physician and every other provider of medical services is authorized to release information to the District Principal or designate or homestay parent.

It is understood that this authorization is not given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the School District to give specific consent to any and all such diagnoses, treatment or hospital care which the aforesaid mentioned physician or surgeon in the exercise of his/her best judgment may deem advisable.

Student's initials

Parents / Guardians initials

General Release

We, the undersigned, do waive and release all claims against the Cowichan Valley School District for the injury, loss, damage, accident, delay or expense resulting from the students participation in the International Student Program. We also release the Cowichan Valley School District and agree to indemnify them, with regard to any financial obligations or liabilities that the applicant may personally incur, or any damage or injury to the person or property of others that the applicant may cause while participating in the International Student Program.

We understand that the Cowichan Valley School District is not responsible for any loss or injury suffered by the applicant during periods of travel. If the applicant becomes ill or incapacitated, the Cowichan Valley School District may take such actions as it considers necessary, including securing medical treatment and transporting the applicant home at his or her own expense. We release the Cowichan Valley School District from all liability related to such actions. We understand that the applicant's participation in the Program may be terminated at the discretion of the Principal of the International Student Program without any refund of fees, and that the applicant may be sent home at his or her own expense if he or she does not adhere to the Cowichan Valley School District rules, standards and instructions as set forth in the school's agenda, handbook and the International Student Participation agreement and Code of Conduct. This agreement with the Cowichan Valley School District cannot be modified or interpreted except in writing by the International Education Office.

Parents / Guardians initials

WAIVER

1. It is a term of this application that everything stated in the application is true and will be relied upon by the Cowichan Valley School District when offering a place to the student in the International Program.
2. Any inaccuracy in the application will be grounds to permit the Cowichan Valley School District, at its option, to terminate the agreement and send the student home (without any refund and at the parent's own expense).
3. All International Students must conform to the Participation Agreement and Code of Conduct. Any breach of this Participation Agreement or Code of Conduct may result in expulsion from the program.
4. If it is determined by the Cowichan Valley School District that the student's educational or homestay needs are greater than disclosed in the application process, the Cowichan Valley School District can send the child home at the parent's expense.
5. The student and parent warrant that the student applicant has no history of criminal behaviour, specifically including sexual impropriety.
6. Although Canada and the Cowichan Valley are very safe by world standards and our international student will be generally supervised both at school and by the homestay family, such supervision will not be constant and the Cowichan Valley School District will not be liable for any costs or damages whatsoever.
7. All disputes must be resolved through the courts of the Province of British Columbia if the parties cannot resolve the dispute between themselves.
8. Signature of this disclaimer indicates a waiver of all future claims related to the student's program of study and involvement in the Cowichan Valley School District International Student Program.

I have read the International Student Program Participation Agreement and Waiver and agree to fulfill all my obligations as set out. I also agree to both the medical release authorization and to the agreement and release clause.

Name of Student	Student's Signature	Date
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I/we the parents/guardians of the student signing above ('our child') have read all the information on this form including both the medical release authorization (clause 6) and the agreement and the release (clause 7) of the International Student Program Participation Agreement plus the Waiver and I/we agree that we will use our best efforts to ensure that our child honours all the obligations set out and we agree to be bound by the release and authorizations.

Name of Parent/Guardian	Parent/Guardian's Signature	Date
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Name of Parent/Guardian	Parent/Guardian's Signature	Date
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STUDENT HOMESTAY INFORMATION

If homestay accommodation is NOT needed, please complete Section B Below. A Homestay exemption form must be completed

PERSONAL INFORMATION

Name: _____ Male Female Age: _____
Family Name Given Name Canadian Given Name (if desired)

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____
Father's Work Phone: _____ Mother's Work Phone: _____
Father's Email: _____ Mother's Email: _____
Sisters (if any) and ages: _____ Brothers (if any) and ages: _____
Father's occupation: _____ Mother's occupation: _____

ABOUT YOU

Personality Traits that best describe you:

- | | | | | | |
|---|---|---|--|--|-----------------------------------|
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Quiet | <input type="checkbox"/> Sociable | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Calm | <input type="checkbox"/> Reserved |
| <input type="checkbox"/> organized | <input type="checkbox"/> disorganized | <input type="checkbox"/> messy | <input type="checkbox"/> tidy | | |
| <input type="checkbox"/> like to talk | <input type="checkbox"/> independent | <input type="checkbox"/> friendly | <input type="checkbox"/> like to be active | <input type="checkbox"/> like to study | |
| <input type="checkbox"/> don't worry much | <input type="checkbox"/> easily worried | <input type="checkbox"/> like to be alone | <input type="checkbox"/> make friends easily | | |
| <input type="checkbox"/> like to spend time with other people | | | | | |

What are your hobbies and interests? _____

If you have any requests regarding religion, please describe _____

Homestay Preferences – please check your preferences

- | | | | | |
|---------------------------|---------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| Children age 0-5 years | <input type="checkbox"/> prefer | <input type="checkbox"/> don't mind | <input type="checkbox"/> prefer not | |
| Children age 6-12 years | <input type="checkbox"/> prefer | <input type="checkbox"/> don't mind | <input type="checkbox"/> prefer not | |
| Children age 13 and older | <input type="checkbox"/> prefer | <input type="checkbox"/> don't mind | <input type="checkbox"/> prefer not | |
| No children | <input type="checkbox"/> prefer | <input type="checkbox"/> don't mind | <input type="checkbox"/> prefer not | |
| Grandparents | <input type="checkbox"/> prefer | <input type="checkbox"/> don't mind | <input type="checkbox"/> prefer not | |
| Dogs | <input type="checkbox"/> prefer | <input type="checkbox"/> don't mind | <input type="checkbox"/> prefer not | <input type="checkbox"/> Allergic |
| Cats | <input type="checkbox"/> prefer | <input type="checkbox"/> don't mind | <input type="checkbox"/> prefer not | <input type="checkbox"/> Allergic |

Do you have any food preferences or allergies? _____

Are you a vegetarian? Please describe: _____

Please describe in your own words the kind of family you would like to stay with: _____

OTHER

Do you have any special requests for your homestay? _____



Student Participation Agreement

This agreement is between:

**The Board of Education of School District #79 Cowichan Valley
(referred to as Cowichan Valley School District)**

and

Student Name (please print)

and

Father or Guardian (please print)

Mother or Guardian (please print)

Upon acceptance as an International Student by The Board of Education of the Cowichan Valley School District and parents accept all of the terms and conditions set out in this agreement.

By signing this agreement the student and parents hereby agree to be bound by and to honor its terms and conditions.

STUDENT OBLIGATIONS

I, _____ (student name), agree as follows:

A. LAWS, RULES AND REGULATIONS

1. I agree to abide by the laws of Canada, and, where applicable, the laws of British Columbia, while a resident.
2. I will always respect cultural differences and understand that Canada is a multi-cultural country. I understand that discrimination based on nationality, gender, and political or religious affiliation is illegal in Canada.
3. I agree not to purchase, use, or have in my possession, which includes my Host Family premises, school locker, any drugs not prescribed for me by a doctor. This includes all hallucinogenic substances, but does not include non-prescription remedies for minor illnesses such as colds.
4. I agree not to purchase, use, or have in my possession, which includes my Host Family premises, school locker, any alcoholic beverages.
5. I agree not to purchase, use, or have in my possession, which includes my Host Family premises, school locker, any weapons including firearms, air guns, knives, or martial arts implements.
6. I agree to respect the property of others and understand that any theft is a breach of the law.
7. I agree not to engage in fighting, bullying, racial taunting or similar activity.
8. I agree that I will not own, rent or drive a motor vehicle.

B. ATTENDANCE AND SCHOOL WORK

1. I agree to be prepared for all classes and complete all homework or assignments.

C. HOST FAMILY CONDUCT AND BEHAVIOUR OUTSIDE THE HOME AND SCHOOL

1. I will cooperate with my Host Family and respect their rules and guidelines.
2. I agree not to move from my assigned Host Family and that any move to another Host Family is arranged through the Homestay Manager.
3. In the event of a problem or disagreement with my Host Family, I agree to promptly notify the Home Stay manager who will attempt to resolve any concern. I understand that I must be open to resolution before a move will be considered.
4. If I want to travel outside the Cowichan Valley in Canada, I will complete the Travel Request form with my Host Parents, and submit to the program principal for approval 10 days prior to departure. I understand that cross border travel is not allowed except in special situations.
5. I agree not to visit such places as adult theatres, pornographic websites and /or purchase and consume alcohol or narcotics.
6. I have read and understand the International Program Code of Conduct.

Print Student Name

Student Signature

Date

I/we, as parents/guardians of the undersigned student, do hereby confirm that we have reviewed with our child the terms and conditions of this agreement which our child has signed and agreed to honour, and we agree that our child and we shall be bound by all the terms of this agreement.

I/we, as parents/guardians understand that having signed this agreement, failure of my student to follow the above rules could result in disciplinary action and/or immediate dismissal from the Cowichan Valley School District International Program. Should it be necessary to send my son or daughter home, I understand that the Canadian Embassy will be notified immediately and we will be responsible for paying all costs associated with their return to the home country.

Print Parent Name

Parent Signature

Date

Print Parent Name

Parent Signature

Date

Student Signature upon arrival into Canada: _____

