



ISLAND CATHOLIC SCHOOLS
International Student Program
Application for Admittance

Schools applying for (Please check 1st and 2nd choice for an elementary school)

- | | |
|--|---|
| <input type="checkbox"/> St. Andrew's Regional High School | <input type="checkbox"/> St. Patrick's Elementary |
| <input type="checkbox"/> St. Joseph's, Victoria | <input type="checkbox"/> Queen of Angels, Duncan |
| <input type="checkbox"/> St. Joseph's, Chemainus | <input type="checkbox"/> St. Andrew's Elementary |
| <input type="checkbox"/> John Paul II, Port Alberni | |

School Year Applying For: _____

(For office use only)
 Date Received: _____
 Interview Date: _____
 Accepted: Yes___ No___
 Date: _____
 Principal's Signature: _____

Student Information
 Family Name: _____ Given Name: _____
 Canadian Name (if desired) : _____
 Birthdate: _____ Sex (circle one): Male Female Grade Application: _____
 Religion: _____ Citizenship: _____

Permanent Mailing Address (Home Country)
 Street: _____
 City: _____ Country: _____
 Telephone: Country Code _____ City Code _____ Phone Number _____
 Fax: _____ E-Mail: _____

_____ I will be residing with my parents in Canada
 _____ I will require a homestay (please complete the Homestay Information Package)

Program – Length of stay
 Full school year Half year program Short Stay, less than 6 months
 Sept – June Sept-Jan Jan-June Month(s) preferred _____

Father's Information
 Name: _____
 Address: _____
 Citizenship: _____ Religion: _____ Occupation: _____
 Telephone: _____ Fax: _____ E-Mail: _____

Mother's Information
 Name: _____
 Address: _____
 Citizenship: _____ Religion: _____ Occupation: _____
 Telephone: _____ Fax: _____ E-Mail: _____

Guardian's Information (Local Contact Person) responsible for student in Canada
 Name: _____ Relationship to Student: _____
 Address: _____
 Citizenship: _____ Religion: _____ Occupation: _____
 Telephone: _____ Fax: _____ E-Mail: _____

Application for Admittance

Sibling Information

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Is any member of the student's family a former student in Island Catholic Schools?

_____ Yes _____ No

If yes: please note name of child and school attended _____

Medical Information

Physical Condition _____

Is your child able to participate in a full Physical Education Program? _____ Yes _____ No

Does your child have any of the following?

- | | | |
|----------------|------------------------|-----------------------|
| _____ Diabetes | _____ Hearing Problems | _____ Heart Condition |
| _____ Asthma | _____ Vision Problems | _____ Contact Lenses |
| _____ Epilepsy | _____ Allergies | _____ Other |

Briefly explain above condition(s): _____

Health Card Number: _____

All students must register with MSP – Medical Services Plan of BC

In an emergency you may send my child to hospital: _____ Yes _____ No

Parent's Signature: _____ Date: _____

Office Use Only:

- | | |
|--|-------------------------------------|
| Received: _____ Passport | _____ Student Study Permit |
| _____ Baptismal Certificate(if applicable) | _____ Report Cards/Transcripts |
| _____ Financial Responsibility Form | _____ Application Fee (\$200.00) |
| _____ Guardian/Custodian Document | _____ Student Homestay Package |
| _____ Student/Parent Acceptance | _____ Principal's Recommendation |
| _____ English Teacher's Recommendation | _____ Prepaid Tuition Received |
| _____ Letter of Acceptance Issued | _____ Letter of Confirmation Issued |

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Academic Information

1. Schools attended – list the last two schools, starting with the most recent.

School	Grade	Location	Dates of Attendance

2. Has the student repeated any grades? ____ Yes ____ No

If “Yes”, Grade _____ Year _____

3. Does the student have any academic problems? If so, please supply details.

4. Does the student have, or has he/she experienced any social problems? (Explain)

5. Please list student’s interests and hobbies (eg. piano, soccer)

6. Is there any thing else you wish to convey to the school?

Note: Please attach all original, plus officially translated copies of, transcripts and/or report cards for the past two years.

Application for Admittance

A successful experience depends upon the student making his/her best effort in every area of school life. The School reserves the right to dismiss students and return them home, at the parent's expense, without tuition refund, for violations of the School's Code of Conduct and/or International Student Guidelines.

Please read and sign the *Student/Parent Acceptance Agreement*.

Please notify the **International Student Coordinator** of any change of address, telephone, fax number, or e-mail address.

1. _____ Date _____
(Parent Signature)

2. _____ Date _____
(Parent Signature)

DOCUMENT CHECKLIST

*(Please ensure that all required information is enclosed with your application.
Incomplete applications will not be processed)*

1. **Completed Application Form**
2. **Application Fee (\$200.00 payable to CISDV)**
3. **Copy of Passport and current Student Study Permit (if applicable)**
4. **All officially translated copies of Transcripts and/or Report Cards for the past two years**
5. **Principal's Recommendation**
6. **English Teacher's Recommendation**
7. **Student/Parent Acceptance Agreement**
8. **Guardian/ Custodian Notarized Document**
9. **Completed Financial Responsibility Form**
10. **Completed Student Homestay Information Package (if applicable)**

Please mail your completed application and registration fee to:

**Island Catholic Schools
International Student Program
1-4044 Nelthorpe Street
Victoria, B.C. Canada
V8X 2A1**