

Name of the British Columbia school: _____ Address _____

(In order to complete the registration process, this information MUST be accurate)

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

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

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

EDUCATIONAL INTERESTS: Elective courses: areas of interest (computers, art, music, photography, sewing, cooking, woodwork, etc):

EDUCATIONAL INTENTION: I plan to graduate in BC I plan to return to my home country to graduate

POST-SECONDARY GOALS: university/college? _____ area of study or interest _____

INTERNATIONAL EDUCATION STUDENT PARTICIPATION AGREEMENT

The Board of School Trustees of School District No. 45 (West Vancouver) (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 principal of the International Education Office 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 Lower Mainland 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.

5. Refund Policy

In the event that I do not come to Canada or decide not to attend or to leave the International Education Program for personal reasons, I agree that only a portion of the paid tuition fee will be refunded. In all cases, the application fee will be retained to cover administrative expenses. The following refund policy will apply for each student:

- a) Full refund (less application fee) if the visiting student authorization is not approved by the Canadian Immigration and supporting documentation of this rejection is supplied (student must provide letter of rejection from High Commission).
- b) Two-thirds (2/3) of the full tuition fee if the student withdraws prior to commencement of program.
- c) One half (1/2) of the full tuition fee if the student withdraws within 30 days of commencing the program.
- d) No refund will be granted, for whatever reason, if the student withdraws after 30 days of participation in the program.
- e) No refund of tuition fee will be granted if the student is found to be in violation of the Program Participation Agreement and asked to withdraw from the Program.
- f) Students who have confirmed they will be returning to West Vancouver District schools to continue their programs will receive a maximum of a 50% refund of their annual tuition if they withdraw from the program prior to June 15. After June 15, no refund will be granted for any reason.
- g) When students begin their study programs in West Vancouver at the beginning of September in a given year, the student has until September 30 only to change his/her status from fee-paying to non-fee-paying through the submission of a valid Work or Study Permit or by presenting new Permanent Residents visas to our office. We must have this change of status by September 30 to claim the student for funding from the Ministry of Education. If documents are NOT received by September 30, the student remains a fee-paying international student for the remainder of the school year as funding for the education cannot be obtained from the government until September the following year.

6. **Medical Authority and Release**

We as parents/guardians of the undersigned student do hereby authorize the School District staff and the sponsoring homestay parents to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the office of said physician or surgeon or at a hospital.

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.

7. **General Release**

We, the undersigned, do waive and release all claims against the School District for the injury, loss, damage, accident, delay or expense resulting from the applicant's participation in the International Education Program. We also release the 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 Education Program.

We understand that the 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 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 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 Education 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 School District rules, standards and instructions as set forth in the school's agenda, handbook and the International Education Student Participation agreement. This agreement with the School District cannot be modified or interpreted except in writing by the International Education Office.

WAIVER

1. It is a term of this application that everything stated in the application is true and will be relied upon by the West Vancouver School District when offering a place to the student in the International Program. As well, it is a term of this application that information contained in this application may be shared with various school authorities, medical services and medical service providers, homestay service providers, custodial service providers and others as required from time to time.
2. Any inaccuracy in the application will be grounds to permit the West Vancouver 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. Any breach of this Participation Agreement may result in expulsion from the program.
4. If it is determined by the West Vancouver School District that the student's educational or homestay needs are greater than disclosed in the application process, the West Vancouver 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 West Vancouver are very safe by world standards and our international students will be generally supervised both at school and by the homestay family, such supervision will not be constant and the West Vancouver School District cannot guarantee the student's safety. The West Vancouver School District will not be legally liable should the student be injured while in Canada.
7. Any disputes of a legal nature must be resolved through the courts of the Province of British Columbia.
8. Signature of this disclaimer indicates a waiver of all future claims related to the student's program of study and involvement in the West Vancouver School District International Student Program.

I have read the International Education Student 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

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 release (clause 7) of the International Education Student 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

Name Parent/Guardian

Parent/Guardian's Signature

Date

It is a fundamental condition of the Board of Education of School District #45 (West Vancouver) agreement to provide your education that the Board shall not be liable for losses or expenses that may incur as a result of the Board being unable to provide education owing to labour disputes or other causes beyond its control

NOTE TO APPLICANT

Please make sure that all required information is completed in full on this application.

Please enclose the following with this application:

- | | |
|---|---|
| <input type="checkbox"/> Course Selection Form | <input type="checkbox"/> All certified transcripts and school reports from Grade 7 and up |
| <input type="checkbox"/> Reference Letter | <input type="checkbox"/> Copies of certificates awarded to applicant |
| <input type="checkbox"/> Applicant's Letter | <input type="checkbox"/> Non-refundable Application/Assessment fee |
| <input type="checkbox"/> Homestay Information form | <input type="checkbox"/> Immunization Form |
| <input type="checkbox"/> Copy of passport with legal name | |

NOTE: Prior to starting classes – students must provide:

- Study permit to International Education Program Office
- Final transcripts /report card of present school year

I certify that the information on this form and attached records is complete, authentic and true. I understand that if this is not the case this student will be removed from the International Education Program.

Signature of Parent/Guardian

Return this form with all required documents and your application fee to:

District Principal, International Education Program, West Vancouver School District
303 – 1549 Marine Drive West Vancouver, BC Canada V7V 1H9

If homestay accommodation is NOT needed, please complete Section B below.

SECTION A

PERSONAL INFORMATION

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

Do you like children? _____ If so, what age(s) do you prefer? _____ Do you smoke? _____

Do you like dogs? _____ Do you like cats? _____ Are you a vegetarian? _____

Please list any allergies you may have: _____

Are there any foods you cannot eat? _____

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Father's Occupation: _____ Mother's Occupation: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Email: _____ Mother's Email: _____

ABOUT YOU

Personality Traits

Energetic Quiet Sociable Outgoing Calm Reserved
Musical Athletic

OTHER

Any special considerations regarding your homestay?

SECTION B

I do not require homestay accommodation. I will be living with the family listed below:

Family's Name: _____ Relationship to student: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____ Email: _____