



When do you wish to begin your studies? \_\_\_\_\_

Please indicate any extracurricular interests/strengths you may have:

Athletics  What sports? \_\_\_\_\_

Fine and Performing Arts  Music  What instrument(s)? \_\_\_\_\_

Where did you hear about this program? \_\_\_\_\_

What do you hope to achieve by studying in this program? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**POST-SECONDARY GOALS:** University/College? \_\_\_\_\_ Area of study interest \_\_\_\_\_

**EDUCATIONAL HISTORY:** (Enclose certified authentic copies of your last three (3) years' reports.)

Present School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Grade(s) completed: \_\_\_\_\_

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

Name of contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

**MEDICAL HISTORY:** (A complete medical examination will be required prior to entry to Canada – please complete attached form)

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 Record

Please answer every question. All “yes” answers marked with (\*) require an attached written explanation

Have you had:	Yes	No	Have you had:	Yes	No	Do you have:	Yes	No	Mental Health	Yes	No
Scarlet Fever			Ear, nose, or throat trouble	*		Do you have a heart problem?	*		<b>Have you had any of the problems below:</b>		
Measles			Do you have a hearing problem?	*		Disease or injury of joints	*		Suicide thoughts or suicide attempts	*	
German Measles Rubella			Skin problems (acne, etc)	*		Back Problems	*		An eating disorder? (Anorexia/ Bulimia)	*	
Mumps			Insomnia			Tumor, cancer, cyst	*		Self-mutilation	*	
Chicken Pox			Sleepwalking			Stomach or intestinal trouble	*		Depression	*	
Malaria			Recurrent headaches			Recent gain or loss of weight	*		Anxiety, nervousness, social isolation	*	
Gum/tooth trouble	*		Recurrent colds			Dizziness, fainting	*		Have you ever had treatment for any emotional problem, personality disorder, nervous condition, psychological, psychiatric or mental health issue?	*	
Do you wear braces?			Head injury/unconscious	*		Weakness, paralysis	*				
Do you need ongoing dental care?	*		Hay fever, asthma	*		Cystic fibrosis	*				
Do you need ongoing orthodontic care?	*		Tuberculosis	*		Muscular dystrophy	*				
			Shortness of Breath			Tourette’s Syndrome	*				
Sinusitis			<b>ALLERGIES:</b>			Other neurological disorders	*				
Eye Trouble	*		Penicillin	*		Diabetes					
Do you wear glasses or contact lenses? (if yes, bring prescription)			Sulfonamides	*		Epilepsy			<b>Do you have?</b>		
			Serum	*		Anemia or blood problem			Speech problem?		
			Foods/animals or other	*		Have you had any Sexually Transmitted disease?	*		Any special needs that could affect your ability to function in a regular education program?		
<b>Do you have any of these communicable diseases?</b>			<b>SURGERIES:</b>			<b>FEMALES ONLY</b>			Learning or intellectual disability?		
Hepatitis A			Tonsillectomy			Irregular or severe periods					
Hepatitis B			Hernia Repair	*							
Hepatitis C			Appendectomy								
HIV			Other (describe)	*							
AIDS											
TB											
Other	*										
<b>What is your blood type?</b>											

**NOTE:** *deliberately providing inaccurate or incomplete information on this form could result in the student’s premature dismissal from the program.*

IMMUNIZATION RECORD					
TYPE OF VACCINE	DATE EACH DOSE WAS GIVEN				
	1 <sup>st</sup> Mo Day Year	2 <sup>nd</sup> Mo Day Year	3 <sup>rd</sup> Mo Day Year	4 <sup>th</sup> Mo Day Year	5 <sup>th</sup> Mo Day Year
POLIO	/ /	/ /	/ /	/ /	/ /
DPT AND/OR TD (diphtheria, tetanus, pertussis or tetanus, diphtheria)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	<b>RESULT OF TUBERCULINE SKIN TEST</b> <input type="checkbox"/> Negative <input type="checkbox"/> Positive  Type given _____ <b>If positive, report of negative chest x-ray is required.</b>  Date given _____	
HEPATITIS A	/ /	/ /	/ /		
MEASLES (Rubeola-10 day, red measles)	/ /	/ /	/ /		
RUBELLA (German measles-3-day measles)	/ /	/ /	/ /		
MUMPS	/ /	/ /	/ /		
MENINGITIS	/ /	/ /	/ /		

### PARENT DECLARATION AND RELEASE FORM

1. We affirm that the information in this Medical Record is complete and accurate to the best of our knowledge. \_\_\_\_\_ *Initial*
  
2. We hereby **accept** that in case of emergency the host parent, or the Principal of the International Program, or designate, may authorize on our behalf any necessary medical treatment for our son or daughter without personal liability. \_\_\_\_\_ *Initial*
  
3. We consent to the sharing information about my child's health with the program staff and our child's host families. We authorize the Cowichan Valley School District to release this information to the host family (or host families) with whom homestay placement is sought. We understand that within the Cowichan Valley School District, the program staff and senior administrators will have access to this information. \_\_\_\_\_ *Initial*

\_\_\_\_\_ Date

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Signature of Parent

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Printed Name

## Refund Policy

In the event that I 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:

Within 60 days of entry into the program	75% refund
Within 30 days of starting in the program	50% refund
After 30 days of starting in the program	0% refund

Full refund if the visiting student authorization is not approved by Canadian Immigration and supporting documentation of this rejection is supplied. (student must provide letter of rejection by High Commission)

Absolutely **NO** refund of tuition fee will be granted if student is in violation of Program Code of Conduct or Participation Agreement.

## 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.

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Student's initials

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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.

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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.

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<b>Name of Student</b>	<b>Student's Signature</b>	<b>Date</b>
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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.

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<b>Name of Parent/Guardian</b>	<b>Parent/Guardian's Signature</b>	<b>Date</b>
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<b>Name of Parent/Guardian</b>	<b>Parent/Guardian's Signature</b>	<b>Date</b>
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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

## SECTION A - 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION B

I do not require homestay accommodation. I will be living with the family listed below: I will complete the School District Homestay Exemption form upon acceptance.

Family's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## OTHER

Do you have any special requests for your homestay?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Information (to be complete by a parent)

In an emergency, we may need to contact you quickly. Please give detailed information for two (2) other people we could contact if we could not reach you.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail \_\_\_\_\_ Can this person speak English? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail \_\_\_\_\_ Can this person speak English? \_\_\_\_\_



## 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 attend school on a daily basis. I understand that it is my responsibility to bring a note from the Host Family parent(s) explaining any absence from school.
2. I understand that it is my responsibility to make up any missed assignments due to absence from class.
3. I agree to be prepared for all classes, and complete all homework or class assignments.
4. I agree to make a consistent and determined effort in my course work, to attempt to maintain passing grades, and to maintain good work habits in all subjects.
5. I agree to obey all school rules as outlined in my school's student handbook.

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

## NOTE TO APPLICANT

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

**Please enclose the following with this application:**

- All certified transcripts and school reports
- Reference Letter
- Signed Participation Agreement
- All certificates awarded to applicant
- Applicant's Letter
- Non-refundable Application/Assessment fee
- Medical Forms

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 Student Program.

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Signature of Parent/Guardian

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

District Principal  
International Student Program  
School District No. 79 (Cowichan Valley)  
2652 James Street  
Duncan, BC Canada V9L 2X2  
Fax (250)746-0757 Tel (250) 746-0744  
[lgamble@sd79.bc.ca](mailto:lgamble@sd79.bc.ca) or [isp@sd79.bc.ca](mailto:isp@sd79.bc.ca)  
[www.sd79.bc.ca](http://www.sd79.bc.ca)



**IPSEA**

International Public Secondary  
Education Association

BRITISH COLUMBIA  
CANADA  
[www.studyinbc.org](http://www.studyinbc.org)



International Student Program

