



INTERNATIONAL STUDENT SUMMER PROGRAM APPLICATION 2019

Office use:			
Application Date:	School:	Grade:	Tuition Period:

STUDENT INFORMATION

Family Name:		English Name:	
Given Name:		Student's Email:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (day/month/year)	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>
Citizenship:		Current Grade:	
Present School:		Location:	

PARENT INFORMATION

Father's Family Name:		Given Name:	
Mother's Family Name:		Given Name:	

PERMANENT ADDRESS (Home Country)

Home Phone Number:		Home Fax:	
Cell:		Work Phone:	
Home Address:			
City:		Province/State:	
Country:		Postal Code:	
Email:			

CUSTODIAN/EMERGENCY CONTACT IN CANADA

Custodian:	<input type="checkbox"/> Delta School District	<input type="checkbox"/> Other (Name):	
Emergency Contact Name:			
Address:			
City:		Province:	
Phone:		Postal Code:	
		Cell:	
		Email:	

AGENT INFORMATION (leave blank if no agent is assigned to this application)

Agency Name:		Name of Agent Contact:	
Agent Email:		Agent Phone Number(s):	

MEDICAL INFORMATION

Do you have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Do you have any ongoing health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Do you regularly take any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Do you smoke cigarettes	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any difficulties or disabilities, either perceived or documented, which may prevent the student from being successful in a regular course of studies:	

HOMESTAY PROFILE

I will require a homestay	<input type="checkbox"/> Yes <input type="checkbox"/> No - I will live with a family member	Relationship:	
	<input type="checkbox"/> No, I have a homestay arranged with:	Relationship:	
Last Name:		First Name:	
Address:			
City:		Postal Code:	
Home Telephone:		Work Telephone:	
Email:			

HOMESTAY APPLICATION

Do you have any brothers or sister?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you play a musical instrument:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind?	
Do you like pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What are your hobbies and interests?			
What sports do you play?			
Do you like children?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like to live in a home where there are:	Other foreign students	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Young children	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Teenagers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Only adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you attend church or temple, please indicate type:			
List the foods that you like to eat:		Are you a vegetarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any foods you cannot eat?			
Are there any special homestay requests that you have?			
What hobbies or interests would you like to pursue outside of school?			

Responsibilities for host families may be found on our website: GoDelta.ca. Click on Homestay for International Students.

ADDITIONAL INFORMATION

Please tell us how you found out about this program: (Check all that apply)	<input type="checkbox"/> Friend or family member
	<input type="checkbox"/> Agent
	<input type="checkbox"/> Education Fair
	<input type="checkbox"/> Website
	<input type="checkbox"/> Canadian Embassy/Consulate
	<input type="checkbox"/> Other - explain: <input type="text"/>

FEE PAYMENT OPTIONS

Fees may be paid by:	Bank Transfer: Delta School District International Student Program Bank # 003 Transit #02800 Account # 000-003-4 Swift Code: ROYCCAT2 Royal Bank of Canada 5231 – 48 Avenue Delta, BC V4K 1W4
Or:	Cheque or Bank Draft: Use a micro-encoded cheque or bank draft payable to: <u>Delta School District International Student Program.</u> Cheques must be certified and sent to the school board office.

REFUND POLICY- All requests for refunds must be made in writing to Delta School District's International Student Program.

- Full refund (less the \$300 registration and homestay placement fee) is given if the student's visa is not approved by Canadian Immigration. The student must submit an original copy of the rejection letter from the High Commission/ Canadian Consulate General/Canadian Embassy.
- Two-thirds (66%) of the tuition fee is refunded if the student withdraws prior to the start of the program.
- No refund is given once the student starts the program.

TERMS OF AGREEMENT

I understand that a successful experience in the International Student Program of School District 37 (Delta) depends upon regular class attendance, completion of all homework and assignments, and participation in all activities offered by the program. I understand that my child's photo will be taken throughout the program for educational purposes and that the photos may be used for educational advertisements in the future. I acknowledge that the International Student Program of School District No. 37 (Delta) reserves the right to dismiss students and return them home, at their own expense, **without** tuition refund for violating school rules, the district code of conduct, and/or the laws of BC and/or Canada. I therefore agree to uphold the rules and regulations, and cooperate with administrators, teachers, and the students of School District No. 37 (Delta).

It is a fundamental condition of the Board of School Trustees of School District No. 37 (Delta) that the Board shall not be liable for losses or expenses you may incur as a result of the Board being unable to provide education owing to labour disputes or other causes beyond its control.

I, the undersigned parent or guardian of _____, request that my son/daughter be allowed to participate in full range of activities that will take place during Short Term Programs. I grant Delta School District the right to sign activity waiver forms and release forms deemed necessary, on my behalf.

Parent's Signature

Student's Signature

Responsible Person's Signature

PLEASE SEND COMPLETED APPLICATION TO:

**Director
Delta School District
International Student Program
4585 Harvest Drive
Delta, BC V4K 5B4
CANADA
Email: Study@GoDelta.ca
Fax: 604-952-5388**

Office use:

Program:		School:		Start Date:		End Date:	
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Name: _____ Date of birth: _____
 Last Name First Name day/month/year

WEEKLY PROGRAMS – Summer 2019

- | | |
|-----------------------------------|---------------------------------------|
| Week 1 – June 30 – July 6 | Week 5 – July 28 – August 3 |
| Week 2 – July 7 – July 13 | Week 6 – August 4 – August 10 |
| Week 3 – July 14 – July 20 | Week 7 – August 11 – August 17 |
| Week 4 – July 21 – July 27 | Week 8 – August 18 – August 24 |

**Classes run from Monday to Friday each week.
 (No classes on Canada Day, July 1 and BC Day, August 5)**

PROGRAM 1 (9:00 am – 12:00 noon)

Morning ESL (\$300 per week)

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 6 | Total for ____ week(s) \$ _____ |
| <input type="checkbox"/> Week 2 | <input type="checkbox"/> Week 7 | |
| <input type="checkbox"/> Week 3 | <input type="checkbox"/> Week 8 | |
| <input type="checkbox"/> Week 4 | | |
| <input type="checkbox"/> Week 5 | | |

PROGRAM 2 (9:00 am – 3:00 pm)

Intensive ESL Full Day Program (\$375 per week)

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 6 | Total for ____ week(s) \$ _____ |
| <input type="checkbox"/> Week 2 | <input type="checkbox"/> Week 7 | |
| <input type="checkbox"/> Week 3 | <input type="checkbox"/> Week 8 | |
| <input type="checkbox"/> Week 4 | | |
| <input type="checkbox"/> Week 5 | | |

PROGRAM 3 (9:00 am – 4:30 pm)

Morning ESL and afternoon Activity Program (\$700 per week)

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 6 | Total for ____ week(s) \$ _____ |
| <input type="checkbox"/> Week 2 | <input type="checkbox"/> Week 7 | |
| <input type="checkbox"/> Week 3 | <input type="checkbox"/> Week 8 | |
| <input type="checkbox"/> Week 4 | | |
| <input type="checkbox"/> Week 5 | | |

ADDITIONAL COSTS

Registration fee - \$150 (non-refundable) \$ _____

Medical fee - \$25 per week Total for ____ week(s) \$ _____

Homestay placement fee - \$150 (non-refundable) \$ _____

Homestay fee - \$225 per week Total for ____ week(s) \$ _____

Homestay for students arriving early or departing late -
 \$30 per night x ____ nights = \$ _____

TOTAL DUE \$ _____