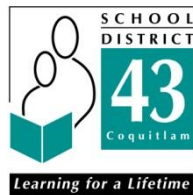




2011-2012
Coquitlam
International Student
ESL / Scouting
Group Short Term
Program

(Summer, Fall, Winter, Spring)



+



**Student Application
Form**



Date: _____

School District No. 43 (Coquitlam)
INTERNATIONAL STUDENT APPLICATION
ESL/SCOUTING – 2011-2012 Group Short Term Program
(Minimum of 15 Students)



Group Name: _____

Student's Legal Name: _____
Surname (Family name) Given Names English Name (if applicable)

Birthdate: _____ **Age:** _____ **Male/Female**
Day Month Year (please circle)

Permanent Address: _____
(Home Country) Street Address City Province/State

Country Postal Code Area Code Telephone No.

Parent Contact: (Father) _____ (Mother) _____
Surname Given Names Surname Given Names

Parent Telephone: **Home:** _____ **Work:** _____
Area Code Telephone No. Area Code Telephone No.
Fax: _____ **E-Mail:** _____
Area Code Telephone No.

Responsible Person: In Coquitlam Area

Name Home Telephone No.

Street Address Work Telephone No.

City/Postal Code Fax

Relationship to Student E-Mail

Student's Address: (While in Coquitlam)
 With Parent With Temporary Custodian In Homestay Other

Name Relationship to Student

Street Address Home Telephone No.

City/Postal Code E-Mail

Work Telephone No. Cell Phone No.

Language spoken at home: _____ **Other Languages:** _____

List any disabilities, social or behavioral difficulties, either perceived or documented, which may prevent this applicant from being successful in a regular course of studies:

List any medications this applicant requires: _____

List any health conditions or allergies this applicant may have of which the school should be aware: _____

How did you hear about the Coquitlam School District's International Education Program?

Agent _____ Friend/Relative _____
(Name of Agent) (Telephone) (E-mail)

APPLICATION PROCESS

- Submit application form and tuition (including registration fee).
- Letter of Acceptance is sent upon receiving full payment.

Payment Includes:

Tuition	\$1,000.00
Scouting Activities	\$855.00
Medical Coverage	\$53.00
*Application Fee	\$100.00
Airport Pickup / Drop Off	\$100.00
Homestay (21 days) (\$30.00 extra for each day over 21)	\$630.00
Homestay Placement	\$150.00
Total	<u><u>\$2,888.00</u></u>

*(Best Value Program)*****
(Single week is \$988.00)*

Registration and Full payment is due 30 days prior to start date

PAYMENT PROCEDURE

Payment for registration fee and program must be:

- ✓ In a money order, certified cheque, bank draft, credit card (VISA or MASTERCARD) made payable to School District No. 43 (Coquitlam).
- ✓ Wired directly to the bank for School District No. 43 (Coquitlam):
ROYAL BANK OF CANADA
Coquitlam Town Centre
2885 Barnet Highway, Coquitlam, BC V3B 1C1
Contact: (604) 927-5587, Account Number: 000-002-6, Transit Number 1260,
Swift Code: ROYCCAT2
- ✓ Labeled with the student's full name.

Please do not use "direct deposit"

**School District No. 43 (Coquitlam)
INTERNATIONAL EDUCATION PROGRAM
1100 Winslow Avenue,
Coquitlam, British Columbia,
Canada V3J 2G3**

REFUND POLICY

All requests for refunds must be made in writing to the International Education Program, School District No. 43 (Coquitlam).

FULL REFUND LESS APPLICATION FEE will be given if Canadian Immigration does not approve the appropriate visa or permit.

NO REFUND will be granted to a student after payment is made. This includes students who are dismissed from the program due to a breach of the law, policy or regulation as determined by the Government of Canada, the police. School District No. 43 (Coquitlam) and/or the International Education Program.

TERMS OF AGREEMENT

I understand that a successful experience in the International Education program of School District No. 43 (Coquitlam) 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 Education program of School District No. 43 (Coquitlam) 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. 43 (Coquitlam). It is also understood that failure to disclose any information regarding the applicant's ability to be successful in a regular course of studies may result in the removal of the student from the International Education program, **without** tuition refund.

It is a fundamental condition of the Board of Education of School District No. 43 (Coquitlam) 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 Scouts Canada 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

Date (M/D/Y)



**School District No. 43 (Coquitlam)
INTERNATIONAL STUDENT APPLICATION
ESL/SCOUTING- Group Short Term
Certificate Program**



Scouting Addendum

SCOUT GROUP NAME: 1st Coquitlam International School SCOUTSabout

PARENT & GUARDIAN RESPONSIBILITY:

The Scout leader will be provided a copy of this form and all other forms relevant to ensuring the safety of the participant. It is the responsibility of the parent/guardian/responsible person to notify/update the leader of any changes to the medical status of their child/ward as these changes occur. The parent/guardian/responsible person should also notify the leader if there are any other changes to the information on the application form during the term of this program.

MEDICAL EMERGENCY PROCEDURES CONSENT:

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

PRIVATE HEALTH INSURANCE PROVIDER: Student Guard

HEALTH CARE NUMBER: _____
(To be completed upon arrival at Coquitlam International Education)

CONSENT TO PARTICIPATE:

I understand that participation in Scouts Canada is voluntary, and involves a certain degree of risk when participating in some Scouting activities. After carefully considering the risks involved, and having full confidence that reasonable precautions will be taken to ensure the safety and well-being of my (son/daughter/ward), I grant permission for my child/ward to become a member of Scouts Canada and participate fully in its activities.

Parent's Signature

Date (M/D/Y)

Responsible Person's Signature

Date (M/D/Y)