



**2018 – 2019**

**School District No. 43 (Coquitlam)  
INTERNATIONAL STUDENT APPLICATION**

**- PLEASE USE CAPITAL LETTERS -**

**Application Date:** \_\_\_\_\_  
Day Month Year

**STUDENT INFORMATION**

**Please Provide the Student's Legal Surname (Family Name as stated on Passport):**

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

**Given Name(s):** \_\_\_\_\_ **English Name** (if applicable): \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male**  **Female**   
Day Month Year

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**When would you like to begin?**  September 2018 (All levels)  February 2019 (Secondary)  
 January 2019 (Elem/Middle)  Other: \_\_\_\_\_

**Grade Request:** \_\_\_\_\_ (placement by year of birth) **Citizenship:** \_\_\_\_\_

**Sibling Already in Attendance:**  Yes  No

**If yes:** \_\_\_\_\_  
Sibling's Full Legal Name School Attending

**PARENT INFORMATION**

**Father's Name:** \_\_\_\_\_  
Surname Given Names

**Mother's Name:** \_\_\_\_\_  
Surname Given Names

**Cell phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

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

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

**Social Media:** \_\_\_\_\_

**Social Media:** \_\_\_\_\_

**Correspondence in English:**  Yes  No

**Correspondence in English:**  Yes  No

**Permanent Address:** \_\_\_\_\_  
(Home Country) Street Address City Province/State  
Country Postal Code Contact Phone No.

## CUSTODIAN INFORMATION

**\*Custodian** Must Reside in the Metro Vancouver Area:

Students under the age of 12 must reside with parent(s). High school students not with a parent must have submitted both notarized custodianship papers prior to final acceptance by the School District.

Custodian Name	Home Telephone No.
Street Address	Mobile No.
City/Postal Code	Work Telephone No.
Relationship to Student	Email

**\*Important:** If the CUSTODIAN INFORMATION section is left blank it is assumed, except for students residing with parent(s), which consent has been given for the International Education Program to appoint a Custodian and charge applicable custodian fees.

## LIVING ARRANGEMENTS

- I will live with my parent(s); students under the age of 12 must reside with parent(s)
- I require Homestay arrangements to be made for me (Please note: student's name will be referred to local Homestay Provider Companies)
- I will arrange Homestay
- I have made the following tentative arrangements with my parent(s) and/or custodian:

---



---

**It is expected that contact information is current and accurate at all times as a condition of enrollment in the Coquitlam School District Program.** Any student residing independent from one of our certified Homestay agencies and requesting approval to change living arrangements while in our program, must submit a written request to our department, no less than 30 days in advance. This includes new students, who later in the application - arrival process, amend their initial request to utilize our recommended agency and seek out living arrangements independent of our referral.

**Student's Address:**

(While attending school in the Coquitlam School District)

Name	Relationship to Student
Street Address	Cell/Home Telephone No.
City/Postal Code	Email

# STUDENT ACADEMIC INFORMATION

Name and location of current school attended:

\*Please enclose a photocopy of your current study permit (if applicable)

School Name

Location

Grade

9 digit BC PEN # (if applicable)

Which school(s) would you prefer to attend in Coquitlam? (Please list three in order)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Placement in school of choice is not always possible.  
The Coquitlam School Board reserves the right to determine final placement.

Language(s) spoken at home: \_\_\_\_\_

Other Language(s): \_\_\_\_\_

## TOEFL or IELTS Scores – Recommended for Grade 9 to 12:

TOEFL Score: 55 and/or IELTS Score: 3.5

English proficiency is not a sole determining factor for acceptance.

## Vital English Pre-Arrival Learning Module:

All international students are to complete the Vital English Pre-Arrival Learning module to improve their English language learning and to better prepare them for the cultural differences they might encounter while studying in Canada.

Please complete and submit along with the International Student Application form.

## \*Learning and Pre-Existing Health Conditions

Does this student have any learning or physical disabilities, social and/or behavioral difficulties, either perceived or documented, which may prevent this applicant from being successful in a regular course of studies?

Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does the student take any medication(s)?  Yes  No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Does the student have any pre-existing health conditions or allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

**\*Important:** If the LEARNING AND PRE-EXISTING HEALTH CONDITIONS section is left blank it is assumed that this is an acknowledgement that there are NO Learning or Physical Disabilities, NO medications, and NO Pre-Existing Health Conditions for this student.

It is understood that regular attendance is considered a basic behavioral expectation to be in good standing in our program. Vacations should be arranged during school holidays and breaks, departure dates will be arranged for after the student's program and/or school calendar end date, ongoing illness requires medical documentation, and ongoing nonattendance is cause for dismissal.

Yes, I understand

## REFERENCE(S)

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

- Agent \_\_\_\_\_  
(Full Name of Agent) (Telephone) (E-mail)
- Friend/Relative       Student Fair
- Website / Social Media       Other: \_\_\_\_\_

## ENCLOSE THE FOLLOWING REQUIRED ITEMS

- Application fee of \$300.00 Canadian Funds - NON-REFUNDABLE
- Copy of student identity document showing full legal name (passport, birth certificate, ID card, study permit, etc.)
- All \*original report cards (including teacher comments) from current year and last two years translated into English by Official Translator. \*Note: Photocopies of transcripts/certificates must be certified with school stamp
- Grade 9 to 12 TOEFL and/or IELTS scores
- A completed Consent for Storage and Access of Information Outside of Canada (Vital English) form

## 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** any Program Fee refund for violating school rules, the district code of conduct, School District Policy & Procedure, 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). Also, it is 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** any Program Fee 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.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date (D/M/Y)

\_\_\_\_\_  
Student's Signature (if over 13)

### Contact Information:

School District No. 43 (Coquitlam)  
INTERNATIONAL EDUCATION PROGRAM  
1100 Winslow Avenue,  
Coquitlam, British Columbia,  
Canada V3J 2G3  
E-mail: [internationaled@sd43.bc.ca](mailto:internationaled@sd43.bc.ca)  
IE Website: [www.internationaled.com](http://www.internationaled.com)  
SD43 Website: [www.sd43.bc.ca](http://www.sd43.bc.ca)

Attach Photo



1100 Winslow Ave, Coquitlam, BC, Canada V3J 2G3 ● Phone 604-936-5769 ● Fax: 604-939-6427

## CONSENT FOR STORAGE AND ACCESS OF INFORMATION OUTSIDE CANADA (VITAL ENGLISH)

Coquitlam International Education Program is recommending its international students to complete **Vital English's** Pre-Arrival Learning module (<http://vitalenglish.com/page/privacy-policy.aspx>) to better prepare them for the cultural differences they might encounter while studying in Canada.

**Vital English** will have access to the following data:

- Student Legal Name
- Grade
- Program start and end dates
- School
- Country
- Student and parent email addresses

*In order to be able to access this service, **Vital English** will send an Activation Email to the Contact Email associated with the student from the data listed above. They will be asked to delete their account at the end of the term or school year. Note that **Vital English** is an online service located outside of Canada. As a result, in accordance with the BC Freedom of Information and Protection of Privacy Act (FOIPPA), consent is required prior to storing personal information in this tool.*

**Consent: I understand that the information collected by the Coquitlam School District #43 may be stored in or accessed from a location outside of Canada and I hereby consent, on behalf of me and my child, to my child's information identified above being stored in, or accessed from, a location outside of Canada.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Print Parent or Guardian Name

\_\_\_\_\_  
Signature of Student (if over 13)

\_\_\_\_\_  
Print Student Name and True North #



## APPLICATION PROCESS

- Submit International Student Application form with application fee, copy of student identification showing full legal name, official transcripts for the current year and past two years submitted to International Education Office
- applicant is screened for admittance into the International Education Program
- if accepted, initial Letter of Offer is mailed to applicant with Custodianship forms to be completed and a homestay information package (if requested)
- formal Letter of Acceptance is mailed to the applicant
- student applies from abroad to the Canadian Embassy, Consulate or High Commission for Study Permit; approval may take 3-12 weeks to process

### APPLICATION DEADLINES\*:

November 15<sup>th</sup> (January/February Start)

May 15<sup>th</sup> (September Start)

If submitted before the Application Deadlines: full payment must be received within 30 calendar days of the Letter of Offer date  
 If submitted after the Application Deadlines: full payment must be received within 10 business days of the Letter of Offer date

**\*Full payment must be received by the deadlines listed above or the student registration will be deleted.**

When full payment is received within the deadlines then space in School District No. 43 is assured\*\*.

\*\*Placement in school of choice is not always possible. The Coquitlam School Board reserves the right to determine final placement.

### FEE SCHEDULE

<i>Fee</i>	<i>Duration</i>	<i>Cost (in Canadian \$)</i>
Application Fee****	One time (non-refundable)	\$ 300.00
Program Fee** ***	School Year Program	\$15,000.00

\*\*Medical insurance costs connected with the curriculum are covered in the Program Fee

\*\*\*School activity fees and other costs are not included in the Program Fee

#### PROGRAM FEE SHOULD BE:

- In a money order, certified cheque, bank draft, VISA or MASTERCARD and made payable to School District No. 43 (Coquitlam)
- Fees may be 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) 927-5555, Account Number: 000-002-6, Transit Number 01260**  
**Swift: ROYCCAT2**  
**Institution Number: 003**

- Please specify the student's full name and True North # on the wire
- Please do not use "direct deposit"

**\*\*\*\*APPLICATION FEE MUST BE INCLUDED WITH APPLICATION DOCUMENTS**

## REFUND POLICY FOR TUITION FEES

**All requests for refunds must be made in writing to the International Education Program, School District 43 (Coquitlam). Refund requests must include the original Letter of Acceptance or the original Letter of Re-Acceptance issued by the International Education Program, as well as relevant supporting documentation - e.g. letter from Immigration, Refugees, and Citizenship Canada (IRCC).**

**FULL REFUND** less application fee will be given if the IRCC does not approve a student Study Permit. To obtain a refund, written requests should be received within six months of the date of refusal. Requests must include the formal letter of refusal from the IRCC and the original Letter of Acceptance or the original Letter of Re-Acceptance issued by the International Education Program.

**2/3 REFUND** less application fee will be given when a student withdraws or becomes a permanent resident prior to the starting date indicated on the Letter of Acceptance or the original Letter of Re-Acceptance.

**1/2 REFUND** less application fee will be given when a student withdraws or becomes a permanent resident after the starting date indicated on the original Letter of Acceptance or the original Letter of Re-Acceptance but before 30 calendar days have elapsed.

**NO REFUND** will be granted to a:

- student who withdraws from any course or international education course or program after 30 days from the starting date indicated on the original Letter of Acceptance or the original Letter of Re-Acceptance;
- student who withdraws or becomes a permanent resident after 30 days from the starting date indicated on the original Letter of Acceptance or the original Letter of Re-Acceptance;
- student who withdraws from the program 30 days after the enrolment date;
- student who is 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.

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.

## MEDICAL COVERAGE FOR INTERNATIONAL STUDENTS

**All international students must report with their passport and Study Permit to the International Education Program office upon arrival in our school district to apply for medical coverage. The International Education office will ensure medical coverage on the student's behalf provided that the student has a valid Study Permit or permission to attend school and is enrolled as an international student in School District 43 (Coquitlam).**

Health Insurance B.C. – Medical Services Plan (MSP) will cover all international students after a three month waiting period. MSP coverage is required by law in B.C. for all B.C. residents. In order to activate this coverage, the international student must apply at the International Education office with a passport and the current Study Permit upon arrival in B.C. At the end of the waiting period, MSP will mail a Care Card to the student. Once the student has a Care Card number, he or she will receive medical services in the same manner as all British Columbians. Each Care Card has an expiry date which is usually the same expiration date as the Study Permit.

During the three-month waiting period for MSP coverage, the school district purchases private medical coverage on behalf of all international students from guard.me; refer to [www.guard.me](http://www.guard.me). Upon arrival, each international student will receive an envelope from guard.me with an ID card, Policy, and Claim Form. The international student must keep their ID card with them at all times in case of illness or injury in order to be able to visit a doctor. Some medical clinics will bill guard.me directly. If direct billing is not available, the student must pay the clinic directly and in order for the international student to be reimbursed the doctor will complete the claim form including the doctor's stamp and signature. The international student must mail the completed and signed claim form together with all original receipts to guard.me Claims at the address outlined on the claim form. If the student is hospitalized, the student or hospital should contact guard.me immediately at the numbers listed on the reverse of their ID card (24 hour Emergency Procedures). Should you have any concerns or questions, please refer to [www.guard.me](http://www.guard.me) or contact our office at 604-936-5769.

To renew the Care Card, students must provide the International Education office with a copy of the renewed Study Permit. Care Card benefits will end if coverage is not renewed by providing the International Education Department with the new student Study Permit. This must be done every year while the international student remains part of the International Program in School District 43 (Coquitlam).

When the student ceases to be part of the International Program, insurance benefits become the responsibility of the student and parent/guardian.

Students, parents and custodians are recommended to familiarize themselves with the *Insurance Policy for Emergency Healthcare* provided by guard.me for details regarding benefits, exclusions, emergency and claims procedures.



# INTERNATIONAL EDUCATION Coquitlam School District No. 43

1100 Winslow Avenue, Coquitlam, BC V3J 2G3  
Phone: (604) 936-5769 Fax: (604) 939-6427

## CREDIT CARD PAYMENT FORM

Date: \_\_\_\_\_

### Student Information:

Student Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Payment Information:

Amount: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Security Code (CVC - 3 digit on reverse of card): \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder' Signature: \_\_\_\_\_

*A receipt of payment will be given to you with your letter.*