



**Vernon School District**  
**INTERNATIONAL**  
**STUDENT PROGRAM**

Vernon School District No. 22

1401-15th Street  
 Vernon, British Columbia  
 Canada, V1T 8S8  
 Phone: 250-549-9263  
 admissions@sd22.bc.ca

## Application Form

Legal Family Name: \_\_\_\_\_ Legal Given Names: \_\_\_\_\_

English Name: \_\_\_\_\_  Male  Female

Citizenship: \_\_\_\_\_ Date of Birth (day/month/year): \_\_\_\_\_

Student Email Address (mandatory): \_\_\_\_\_

Present School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Location: \_\_\_\_\_

I am applying for Grade:  6  7  8  9  10  11  12

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I intend to return the following year  YES  NO

I will attend:  one semester  one academic year  to graduate in BC  for a cultural/English experience

My English ability is:  beginner  intermediate  advanced

Do you require English as a second language instruction?  YES  NO

How many years have you studied English? \_\_\_\_\_

When I complete this program I intend to:

- Apply to a Canadian/US college or university  Return to my school in my home country  
 Apply to a college or university in my home country  Other: \_\_\_\_\_

School Preference: 1. \_\_\_\_\_ 2. \_\_\_\_\_

- High school graduation in British Columbia **cannot be completed in one school year.**
- The International Student Program will place applicants at the appropriate grade level taking into consideration the student's age, grade completed, English ability and academic history.
- Placement in school of choice will be considered but is not always possible. The Vernon International Program will determine the final school placement.

Name of Agency: \_\_\_\_\_ Name of Agent: \_\_\_\_\_

**OFFICE USE ONLY**

Date of Acceptance: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## PARENT INFORMATION

Student resides with:  Both parents  Mother  Father

### FATHER

Legal Family Name: \_\_\_\_\_

Legal Given Name: \_\_\_\_\_

Date of birth (dd/mm/yy): \_\_\_\_\_

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

Speaks English?  YES  NO

### MOTHER

Legal Family Name: \_\_\_\_\_

Legal Given Name: \_\_\_\_\_

Date of birth (dd/mm/yy): \_\_\_\_\_

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

Speaks English?  YES  NO

### Permanent Address (Home Country)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

### Emergency Contact (In case we cannot reach your parent or agent)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## STATEMENT OF HEALTH NOTE: Many Canadian homes have pets. Any pet allergies will require a medical note.

Have you ever had any of the following?

Allergies <i>Please specify:</i>	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Asthma <i>Please specify:</i>	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Headaches (recurring) <i>Please specify:</i>	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Hepatitis <i>Please specify:</i>	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Mental health issues <i>Please specify:</i>	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Drug/alcohol issues <i>Please specify:</i>	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Other <i>Please specify:</i>	<input type="checkbox"/> NO	<input type="checkbox"/> YES

List all medications you take on a regular basis:

Write the name of any prescribed medication you will be bringing to Canada.

Do you have any perceived or documented learning disability or behavioural concerns which the school should be aware of?

## ACADEMIC INFORMATION

What is your native language? \_\_\_\_\_

What other language(s) do you speak? \_\_\_\_\_

**High school students can take a maximum of 4 courses per semester or 8 courses in a school year. List any required courses you must have for your home country or school:**

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### Grade 10 - 12 students

Indicate your preference among the academic choices below:

**Mathematics:**       Basic Mathematics       Foundations of Math       Pre-calculus       Calculus

**Sciences:**       Earth Science       Biology       Chemistry       Physics

**Social Studies:**       Social Studies       Comparative Civilizations       History       Law

**English:** All students will take an English course. An English course will be chosen based on the testing done when student arrives.

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### Electives

There are many electives in our schools. Help us to identify some areas that interest you. Choose five (5).

**Fine Arts:**       Drawing       Painting       Ceramics

**Performing Arts:**       Music       Choir       Band       Drama

**Applied Skills:**       Woodworking       Metal Work       Foods       Foods Textiles

**Computer:**       Computer Studies       Digital Media       Photography       Animations

**Social Sciences:**       Psychology       Entrepreneurship       Leadership

**Physical Education:**       Physical Education       Personal Fitness

**Languages:**       French       Spanish       German

**NOTE: Not all courses are offered in all schools and sometimes there are scheduling conflicts. This is just a sample of the courses offered.**

## APPOINTMENT OF CUSTODIAN

Citizenship and Immigration Canada requires all international students not living with a parent to have a custodian for length of their study in the Vernon School District. We provide custodianship to students residing with a family in our supervised Homestay Program. We provide the legally notarized custodianship documentation.

We will accept the program's appointed custodian.

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If a family chooses to appoint its own custodian, that individual must:

1. Reside in the Vernon area
2. Be 25 years of age or older
3. Complete all the necessary custodianship documents and present them to the International Program Office.

The custodian must not leave the province of British Columbia while the student is under his/her care. Students with no custodianship will be dismissed from the program.

We will appoint our own custodian who will meet the criteria above.

Custodian's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address of Custodian: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Children who reside with their parents do not need an appointed custodian.

I will reside in Vernon, British Columbia during the duration of my child's study in the Vernon International Program.

\_\_\_\_\_  
Name of Parent (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parents must provide their child's school with their Vernon address and phone numbers.



## Student Participation Agreement

Students accepted into the Vernon International Student Program are expected to follow the rules and policies of the Vernon School District as well as the laws of British Columbia and Canada. This agreement is intended to ensure a student's health and academic success. Each student and their parent/guardian must read the following statements and by signing, agree to be bound by and honour its terms strictly.

### The student must:

1. Abide by the laws of British Columbia and Canada.
2. Not drink alcoholic beverages or use or possess drugs or medications other than those prescribed specifically for the student by a doctor for medical purposes.
3. Not purchase, use or have in their possession weapons of any kind, this includes air guns.
4. Not drive a motorized vehicle or obtain a driver's license while studying in the Vernon School District.
5. Not be in a car with a driver who has an L (Learners) or N (Novice) licence.
6. Respect the property of others including host families, schools and their community.
7. Follow the code of conduct for their school and the Vernon School District.
8. Attend school on a regular basis and be on time for classes. Absences will be considered excused when the host family informs the school.
9. Be a student in good standing by completing all homework and assignments in a timely fashion.
10. Request permission to travel outside the Vernon School District by submitting an Out of District Travel Form. The school district may deny requests to travel if the student's safety is of concern.
11. Maintain a full time program of studies. The Vernon School District will supervise the educational plan with the goal of successful completion of the student's educational goals.
12. Students may not smoke or vape. Students must identify on their application if they are smokers. Smoking is not allowed in any host family's home.
13. Students are not allowed to attend bush parties, make online purchases, have permanent tattoos or piercings done while in the program.
14. Students must wear helmets when bike riding and skiing/snowboarding.
15. Students are not allowed to work, this includes babysitting.
16. Abstain from sexual intercourse.

**I have read and agree to accept the above program rules and expectations.**

\_\_\_\_\_  
Signature of Parent/Guardian

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Vernon International Program Refund Policy

All intentions to withdraw and requests for refunds must be made in writing to the Vernon International Program. In the event that a student does not come to Canada or decides to leave the program for personal reasons, only a portion of the tuition fee may be refunded. Unpaid school fees will be deducted prior to refund.

1. The application fee is non-refundable.
2. Full refund, less application fee if the study permit is not approved by Citizen and Immigration Canada. Supporting documentation must be provided within 30 days of receipt of the notification.
3. No refund will be granted if the student is dismissed from the program due to a violation of the agreed upon Participation Agreement. Students dismissed from the program will be sent home at the student's expense by the first available transport.
4. No refund will be granted if the student's immigration status changes after September 30th.
5. Two-thirds of the tuition fee will be granted if the student withdraws prior to the commencement of the program as stated on the letter of acceptance.
6. One-half of the tuition fee will be refunded if the student withdraws thirty calendar days from the commencement of the program.
7. No refund will be granted if the student withdraws (for any reason) after 30 calendar days from the commencement of the program. This applies to all programs regardless of length.
8. Only full months of unused homestay fees will be refunded based on a student completely vacating the home.
9. No refund will be granted for time loss due to labour disputes, inclement weather or other causes beyond the control of the Vernon School District.

**I have read and understand the refund policy.**

\_\_\_\_\_  
Signature of Parent/Guardian

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## **Medical Authority and Release**

I/we as parents of the student, do hereby authorize the School District staff and the homestay parent to consent on behalf of my child to any necessary medical testing and treatment.

I/we as parents of the student, agree that if our child has a pre-existing medical condition, we must ensure that any required treatment for the condition is covered by the medical insurance provider, and should any medical insurance provider refuse to accept responsibility for any treatment received by my child, I/we will accept all financial responsibility related to any such treatment.

I/we understand that Vernon School District reserves the right to withdraw the student from the program and return him/her to the care of his/her parents if the student demonstrates or develops serious physical or mental health concerns.

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## **General Release and Indemnity**

I/we agree to indemnify School District No.22 (Vernon), for any financial obligations or liabilities that my/our child may incur or any damage or injury to any person or property that my/our child may cause while participating in the International Student Program.

I/we, as parents of the student, understand that School District No.22 (Vernon) is not responsible for any loss or injury suffered by my/our child during any periods of travel. If my/our child becomes ill, injured, or incapacitated, the School District may take any action as it deems necessary, including securing medical treatment and transporting my/our child home to us, at my/our expense. I release School District No. 22 (Vernon) from any and all liability related to such actions and agree to indemnify it for such costs.

I/we understand that my/our child's name, photo and video may be taken throughout the program for educational purposes and that they may also be used for educational advertisements in the future.

I/we, the undersigned parents of the student, request that my/our child be allowed to participate in the full range of field trips, clubs or sports activities that will take place on weekends, or before, during or after school. I give my permission for my/our to participate in all such extracurricular activities. I also grant the Vernon School District the right to sign activity waiver forms and release forms deemed necessary on my/our behalf.

I/we understand that a successful experience in the Vernon International Student Program depends on regular class attendance, completion of all homework and assignments and participation in class activities.

I/we acknowledge that the Vernon International Student Program reserves the right NOT to renew students in subsequent school years if they do not comply with all expectations in this agreement and if their school performance demonstrates an inability to successfully pass their courses.

# Parent Advisory Committee – Access to Information

Every school has a Parent Advisory Committee that represents the parents of the school and engages in education programs and sometimes fundraising. The school will normally make the parent/guardian's name, telephone number and mailing address as well as the child's name and grade available to the school's Parent Advisory Committee for contact purposes. Please check the statement that expresses whether you wish your contact information to be released to the Parent Advisory Committee in your school.

**I DO NOT** wish my contact information to be released to the School Parent Advisory Committee.

**I give my permission** for my contact information to be released to the School Parent Advisory Committee.

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## SD22 Net Access Agreement

School District No. 22 (Vernon) (the "School District") requires that parents provide the signed Consent, Waiver and Indemnity Form if they wish their child to have access to SD22Net and to the Internet at school. Please read the consent, Waiver and Indemnity Terms and conditions and the SD22Net Acceptable Use Policy and fill in the applicable portions of this form. Copy of this policy 3.16.0 is available online at [www.sd22.bc.ca](http://www.sd22.bc.ca) or from your child's school.

**I DO NOT** wish my child to have access to the SD22Net and the internet.

**I give my permission** for my child to have access to the SD22Net and the internet

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 Student Program without tuition refund.

We the undersigned, have read and fully accept all of the terms and conditions of this agreement, including the Medical Authority and Release and General Release and Indemnity and agree that I/we will use my/our best effort to ensure that my/our child honours all the obligations set out and I/we agree to be bound by all terms of this agreement. Please Note: Personal items left behind by your child, will be disposed of after 30 days. The school district bears no responsibility for storage or transport of personal items.

I/we understand that failure to abide by all expectations outlined within this agreement, will result in dismissal from the Vernon International Student Program of School District #22 (Vernon), without refund of any kind, and with notification to the Canadian Embassy of the student's dismissal.

I/we also understand that a breach of any criminal law may result in criminal charges and penalties.

I/we confirm and verify that all information submitted in this application is true.

\_\_\_\_\_  
Name of Student (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent (print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (print)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date





## Homestay Application Form

Our homestay program includes a variety of families with different interests and composition. We do our best to match the most important requests with a suitable family. We want our students to be in a caring home with adults who will provide a healthy environment and emotional support for a student who is studying away from home. We focus on the relationship between the students and their new family, not the location or size of the house. The challenge for students is to understand that a homestay family can never replace your natural family.

**Welcome to Canada, it will take time to adjust to our culture but we believe it will be a great experience.**

Student Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_

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

List all of your members of your family who live with you.

Mother: \_\_\_\_\_ Birth date: \_\_\_\_\_

Father: \_\_\_\_\_ Birth date: \_\_\_\_\_

Sibling: \_\_\_\_\_ Birth date: \_\_\_\_\_

Sibling: \_\_\_\_\_ Birth date: \_\_\_\_\_

How would you describe yourself?

- |                                   |                                    |                                   |                                      |                                   |                                    |
|-----------------------------------|------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Messy    | <input type="checkbox"/> Shy         | <input type="checkbox"/> Mature   | <input type="checkbox"/> Polite    |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Athletic  | <input type="checkbox"/> Studious | <input type="checkbox"/> Independent | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Forgetful |

What kind of family do you prefer?

Prefer                  Don't Mind                  Prefer Not

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| I have no preference, I am open and flexible. | <input type="checkbox"/> |                          |                          |
| A family with younger children                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A family with no children                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A family with children close to my age        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A family with older children                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A family with other international students    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A family with pets                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I am allergic to pets. **Please provide medical documentation.**

Do you smoke?  YES  NO

Tell us about your hobbies, interests, and activities you like. This will help us match you to a family.

Do you like sports? What sports would you like to play while you are here?

Do you play an instrument? What do you play?

**Complete the following statements:**

The most important thing my new family should know about me is

I really want to come to Vernon because

Would you like to attend church while you are in Vernon? If so, what kind of church do you attend?

Do you follow a special diet? (*e.g. vegetarian, celiac*)

Do you have any food allergies? Please describe.

Foods I like	Foods I do not like

Do you have any fears, dislikes, non-food allergies or concerns that is important for your host family to know?

# STUDENTS LETTER OF INTRODUCTION AND WRITING SAMPLE



Tell us a little bit about yourself. Please write enough so that we can evaluate your English writing skills.

**PLEASE NOTE: Must be in student's handwriting, not typed.**



**Vernon School District**  
INTERNATIONAL  
STUDENT PROGRAM

PLEASE SEND COMPLETED APPLICATIONS TO:  
**Vernon School District No. 22**  
**International Student Program**  
1401-15th Street, Vernon, British Columbia  
Canada, V1T 8S8  
Phone: 250-549-9295 Fax: 250-549-9270  
Email: admissions@sd22.bc.ca

## Application Process & Payment Options

Student Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

### PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- |  |  |
|--|--|
| <input type="checkbox"/> Application Form  | <input type="checkbox"/> Copy of student passport & 2 passport size pictures.<br>A family picture would also be appreciated. |
| <input type="checkbox"/> All transcripts, or school records from <b>current year and previous two years (in English)</b> | <input type="checkbox"/> Homestay application  |
| <input type="checkbox"/> Medical Authority and General Release   | <input type="checkbox"/> Participation agreement   |
| <input type="checkbox"/> Letter of introduction/writing sample   | <input type="checkbox"/> Refund policy   |
| <input type="checkbox"/> Letter of reference from teacher, principal or neighbour  | <input type="checkbox"/> Application Fee (non-refundable) of \$250.00 Canadian   |

*\*NOTE: Photocopies of transcripts/certificates **must be certified** or attested. Failure to comply will result in a return of the application.*

### SCHOOL FEE PAYMENT OPTIONS

- Full Year payment is due July 15th
- Semester payments are due July 15th and December 15th (\$100.00 service fee)

### PAYMENT FOR APPLICATION FEE (\$250)

- Credit Card:**  Visa  MasterCard

Card Holder Name (as appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- GlobalPay for Students (Western Union)** <https://student.globalpay.wu.com/geo-buyer/no22vernon#!/>

This fast and reliable service allows you to pay in local currency, so the payments you send will be received on time and in full. Gain peace of mind with our preferred payment service.

Signature \_\_\_\_\_

Date \_\_\_\_\_