



## Summer Program 2020

### STUDENT INFORMATION

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

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

#### Permanent Address (Home Country)

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

Mailing Address: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

Current Grade: \_\_\_\_\_ My English ability is:  beginner  intermediate  advanced Years studied English: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

### PROGRAM SELECTION

I will attend the **Great Canadian Summer Camp** (students, 12-18 years)

*\*Must choose 2 weeks minimum*

*\*\*Students will arrive the Sunday prior to their program start date and depart the Saturday after their program end date.*

*Example: Students will arrive Sunday, July 12 and depart Saturday, July 25 for Program July 13 - July 24.*

July 13 - July 17  July 20 - July 24  July 27 - August 31

August 3 - August 7  August 10 - August 14  August 17 - August 21

I will attend the **English Preparation Program:**

August 24 - August 28

Shirt size:

Extra Small (XS)  Small (S)  Medium (M)  Large (L)  Extra Large (XL)

### PROGRAM DEADLINES Space is limited. Apply early to secure your dates.

**March 31, 2020** Application with \$200 non-refundable application fee due

**April 15, 2020** Full payment due

## PARENT INFORMATION

Father Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Mother Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact (In case we cannot reach your parents)

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

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

---

## STATEMENT OF HEALTH

Have you ever had any of the following?

Allergies <i>Please specify:</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Headaches (recurring)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Hepatitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Mental health 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?

## HOMESTAY INFORMATION

How would you describe yourself?

Outgoing

Cheerful

Messy

Independent

Athletic

Studious

Mature

Sensitive

Shy

Friendly

Polite

Forgetful

Tell us about the activities you are interested in. This will help us match you to a family.

### Complete the following statements:

The most important thing my host family should know about me is:

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

Do you have any food allergies? Please describe.

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

Is there another student attending the summer program that you would like to stay with?

## RELEASE FORM

We, the undersigned, request that our son/daughter be allowed to participate in the full range of activities that will take place during the International Summer Program.

We, the undersigned, do waive and release all claims against School District #22 (Vernon) for any injury, loss, damage, accident, delay or expense resulting from the applicant's participation in the Vernon International Summer Program. I understand that my child's photo may be taken and used for educational and promotional purposes (digital or print) in the future. We release School District #22 (Vernon) and agree to indemnify them, with regard to any financial obligation or liabilities that the applicant may cause while participating in the Vernon International Summer Program. We understand that the 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 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 understand that the applicant's participation may be terminated at the discretion of the Administrator of the International Student Program, or their designate, without any refund of fees, and that the applicant may be sent home at his or her own expense for violation of school rules, the district code of conduct and or the laws of BC and Canada.

I have read the above and agree to the terms and conditions of participation.

---

Name of Student (print)

---

Signature

---

Date

---

Name of Parent (print)

---

Signature

---

Date

---

Name of Parent (print)

---

Signature

---

Date



# 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  
Email: admissions@sd22.bc.ca

## Application Process & Payment Options

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

### PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- Application Form  Copy of student passport
- Application Fee  
(non-refundable) of \$200.00 Canadian

---

### SCHOOL FEE PAYMENT OPTIONS

- Application fee is due when the application is sent in.
- Summer Program Fee is due by April 15

---

### PAYMENT FOR APPLICATION FEE (\$200)

- 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