



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 19 and depart Saturday, August 1 for Program July 20 - July 31.

July 20 - July 24 July 27 - July 31 August 4 - August 7

August 10 - August 14 August 17 - August 21 August 24 - August 28

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

August 31 - September 4

Shirt size:

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?



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 _____