



INTERNATIONAL STUDENT APPLICATION FORM

Office use:			
Application Date:	School:	Grade:	Tuition Period:

Translated application forms and brochures are provided for easy reference of applicants. Delta School District always follows the policies and definitions as stated in the English version of brochures and application forms.

STUDENT INFORMATION

Family Name:		English Name:	
Given Name:		Student's Email:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (day/month/year)	<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
Citizenship:		Current Grade:	
Present School:		Location:	
Previous School:		Location:	

LEGAL/PARENT GUARDIAN 1

Family Name:		Given Name:	
Date of Birth: (day/month/year)	<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	Occupation:	
Cell:	Home Phone:	Work Phone:	
Home Address:			
City:		Province/State:	
Country:		Postal Code:	
Email:		Speaks English:	<input type="checkbox"/> Yes <input type="checkbox"/> No

LEGAL/PARENT GUARDIAN 2

Family Name:		Given Name:	
Date of Birth: (day/month/year)	<input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	Occupation:	
Cell:	Home Phone:	Work Phone:	
Email:		Speaks English:	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDRESS (IF DIFFERENT THAN ABOVE)

Home Address:			
City:		Province/State:	
Country:		Postal Code:	

CUSTODIAN/EMERGENCY CONTACT IN CANADA

Custodian:	<input type="checkbox"/> Delta School District		<input type="checkbox"/> Other (Name): <input style="width: 100px;" type="text"/>	
Local Emergency Contact (If applicable):	Name: <input style="width: 100%; border: none;" type="text"/>			
Address:				
City:		Province:		Postal Code: <input style="width: 40px;" type="text"/>
Phone:		Cell: <input style="width: 40px;" type="text"/>		Email: <input style="width: 40px;" type="text"/>

AGENT INFORMATION (leave blank if no agent is assigned to this application)

Agency Name:		Name of Agent Contact:	
Agent Email:			
Agent Phone Number(s):			

EDUCATION GOALS

I wish to apply for grade:		Start Date:		End Date:	
School Preference:	1.	2.	3.		
I may renew for:	<input type="checkbox"/> One semester <input type="checkbox"/> One year <input type="checkbox"/> Longer than one year <input type="checkbox"/> Other: _____				
I wish to:	<input type="checkbox"/> Graduate in British Columbia <input type="checkbox"/> Study for short term only				

Placement in school of choice will be accommodated if possible, however the Delta School District reserves the right to determine final school placement.

MEDICAL INFORMATION

Do you have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Do you have any ongoing health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Do you regularly take any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Do you smoke cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any mental health issues, including anxiety or depression?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
List any social, emotional, educational, or behavioural difficulties or disabilities, either perceived or documented, which may prevent the student from being successful in a regular course of studies:	

HOMESTAY PROFILE

I will require a homestay	<input type="checkbox"/> Yes <input type="checkbox"/> No - I will live with a family member	Relationship:	
	<input type="checkbox"/> No, I have a homestay arranged with:	Relationship:	
Last Name:		First Name:	
Address:			
City:		Postal Code:	
Home Telephone:		Work Tel:	
Email:			

HOMESTAY APPLICATION

Do you have any brothers or sisters?			
Do you play a musical instrument:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind?	
Do you like pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What are your hobbies and interests?			
What sports do you play?			
Do you like children?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like to live in a home where there are:	- Other foreign students	<input type="checkbox"/> Yes <input type="checkbox"/> No	- Teenagers <input type="checkbox"/> Yes <input type="checkbox"/> No
	- Young children	<input type="checkbox"/> Yes <input type="checkbox"/> No	- Only adults <input type="checkbox"/> Yes <input type="checkbox"/> No
If you attend church/temple, please indicate type:			
List the foods that you like to eat:		Are you a vegetarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any foods you cannot eat?			
Are there any special homestay requests that you have?			
What hobbies or interests would you like to pursue outside of school?			

REFUND POLICY

All requests for refunds must be made in writing to Delta School District's International Student Program.

- Full refund of the tuition fee (less the \$200 application fee) if the Student Authorization is not approved by Canadian Immigration. The student must submit an original copy of the letter of rejection from the High Commission/ Canadian Consulate General/Canadian Embassy.
- Two-thirds (66%) of the tuition fee is refunded if the student withdraws prior to the start of the program.
- One-half (50%) of the tuition fee is refunded if the student withdraws before the end of the first calendar month of the program.
- No refund of the tuition is given **(for any reason)** after the student has attended for one month. This includes any tuition paid for future school terms.
- No refund of the tuition is made if the student is dismissed from the program as a result of a breach of the terms and conditions of the agreement.
- No refund of the homestay fee for the current month is made if the student is dismissed from the program as a result of breach of the terms and conditions of this agreement.
- A student registered in this program that receives Landed Immigrant Status or whose parent has an approved work permit or study permit after September 30 (October through June) will not receive a refund for that school year.

Custodianship

All international students not living with a parent require a custodian, 25 years of age or older, for the length of their study term in Delta School District. Parents may appoint their own custodian and must send the notarized custodianship documents to the school district upon acceptance. The custodian must not leave the province of British Columbia while the student is under his/her care. Students with no custodian will be dismissed.

Delta School District can also assume student custodianship if requested. The school district will assign a staff member to act in the custodianship role, and if the staff member is temporarily unavailable, another school district employee may be assigned to act as temporarily custodian.

Please note that this school district custodianship responsibility only applies when the student is studying in Delta School District. All custodianship responsibility will not be in effect prior to the student studying in Delta School District and will cease if the student leaves Delta School District for any reason.

Medical Insurance

International students must pay for mandatory medical insurance when studying in Delta School District. There are different medical plans depending on the length of the study term:

1. Medical Services Plan (MSP) coverage is required by law for all BC residents. International students studying for 1 year or longer are covered by MSP. There is a three month waiting period before MSP coverage begins (starting once the student arrives), so students will be covered by private medical insurance (Student Guard) during this waiting period. See Medical Services Plan (MSP) showing coverage details http://godelta.ca/files/1868_msp-brochure.pdf

Students on MSP will also have additional benefits called Guard Me Plus BC. This top up plan includes some extra benefits which are outlined here: http://godelta.ca/files/2284_guard.me_PLUSBC_Summary_2.pdf

Students leaving the province for vacations or other purposes must buy additional medical insurance. Responsibility for this lies with the student and parents.

2. Student Guard is a private medical insurance plan that will be used for full year students during their three month waiting period for MSP coverage. It will also be used for any short term students who are studying for less than 1 year (including summer and winter camps).

See coverage details at Student Guard http://godelta.ca/files/1877_StudentGuard_Standard_English.pdf

See a video in 12 languages explaining Student Guard's coverage at www.guard.me/who-is-turbo.php

When the student ceases to be part of Delta School District's International Program, medical insurance becomes the responsibility of the student and parents/guardian.

Please send completed application to:

Director
Delta School District
International Student Program
4585 Harvest Drive
Delta, BC V4K 5B4, Canada
Email: Study@GoDelta.ca
Fax: 604-952-5383

Application Requirements:

Please submit:

1. A completed application form
2. All original transcripts/school records from the **current year** and the **last two years** (in English). Transcripts and school records **must be certified** with a school stamp.
3. Non-refundable application fee of CDN \$200
4. Passport copy

SCHOOL DISTRICT 37 (DELTA)
Homestay guidelines for International Students

The Delta School District welcomes international students to participate in its homestay program. All our homestay families in Delta have been carefully selected, interviewed and found to be appropriate placements for students. The School District homestay coordinators make all the arrangements for placement and liaison between the parent, student, homestay family, school and custodian. Please note that homestay family members are private citizens and are not acting in the capacity of school district employees.

STUDENTS WHO DO NOT PARTICIPATE IN THE SCHOOL DISTRICT'S HOMESTAY PROGRAM MUST HAVE THEIR PARENTS SIGN THE HOMESTAY WAIVER FORM ON PAGE 8 OF THIS APPLICATION FORM. PLEASE NOTE THAT STUDENTS MUST LIVE WITH AN ADULT WHO IS AT LEAST 25 YEARS OLD.

ARRIVALS: Students must provide advance notice to the program administrator about arrival and departure times and any special arrangements that may be required such as airport pickup in order that homestay coordinators may be advised.

DEPARTURES: Students must leave their homestay by the last day of their paid study term **with no exceptions.**

PLACEMENT FEE: Students pay a \$500 one-time, non-refundable homestay placement fee. Should a move be necessary, this fee will not be charged again.

HOMESTAY FEE: The homestay period is from the first day to the last day of each calendar month. The homestay fee is due on the first day of the month and is payable directly to the host family. The homestay fee is \$950 per month. For any extra nights in a previous or subsequent month, the rate is \$32 for each night. Most homestay families are not able to host visiting parents. If the homestay family has space to accommodate a visiting parent, the nightly fee is \$35.

STUDENT VACATIONS (Regular Year - September 1st to June 30th):

During the school year, students must pay the full monthly homestay fee regardless of any absences for vacations or other reasons.

STUDENT VACATIONS (Summer Term - July 1st to August 31st):

During the summer term, students will pay half the regular homestay fee (\$15 a night) for each day of their vacation. However, if a student is away for 3 weeks or longer, then there is the option of boxing his/her belongings away and vacating the room (allowing the homestay family to use the room for another student or other use). In this case, there is no homestay fee paid for this time period. Students and host families can decide if there is space for the student to store boxes of belongings in the basement or garage over the summer if this is agreeable to both parties. Homestay families may charge a storage fee of \$50 a month for this service.

HOMESTAY PROVISIONS:

Accommodation: Each student will be provided with a private room with a bed, all bedding, dresser, desk, chair, desk lamp, waste basket and closet. In addition, students will have access to bathroom and laundry facilities and common areas of the home.

Meals: Students should inform host families of their food preferences and any food allergies they may have. Students will receive 3 meals per day and snacks will be available when needed. Students may get their own breakfast that may be either a hot breakfast or cold assortment such as cereal/toast/fruit with a beverage. Lunches provided will be bagged for school days and may include a sandwich, fruit, snack, and drink. Supper will usually be a warm meal eaten with the family. If the family is out for the evening, a meal will be left for the student. Both parties will agree on weekend meals.

House Rules: Host families will review house rules with students on such items as meal times, bedtimes, bathroom use, laundry schedules, and time for incoming phone calls, computer use and curfews. Some families may write out these rules formally.

Student Handbook: Students must follow the homestay and school district rules as set out in the student handbook.

Courtesies: Students should speak English at all times in the home and respect their host parents. Please discuss and make arrangements for both telephone and computer use. Host parents will set up curfew times but our suggestion is 9:30 on weeknights and midnight on weekends. Any sleepovers must be approved by your host parents and may be permitted, but only with appropriate adult (over 25 years old) supervision.

Family Vacations: Families may take vacations at Christmas or Spring Break and may be willing to include the student. Students must discuss such plans with their parents and written permission given by the parents. Arrangements to cover travel and personal expenses are to be made with the hosts. If the student is unable to accompany his/her family, the coordinator will make temporary approved homestay arrangements.

GIVING NOTICE: It is expected that you give your host family at least 2 weeks notice if you intend to move out or remunerate them with 2 weeks rental payment.

COORDINATOR CONTACT INFORMATION: Please visit the school district website at GoDelta.ca for the contact information of the homestay coordinator for your area.

HOMESTAY EXPECTATIONS

1. I understand and agree to follow the homestay guidelines contained on page 5 - 7 of this application and the house rules of my host family.
2. I have read and agree to follow the homestay expectations listed in the International Student Handbook.
3. I agree not to move from my assigned homestay family without School District permission.
4. In the event of a problem with my homestay, I agree to notify the homestay coordinator promptly who will attempt to resolve any concern. Should a move be necessary, I agree to follow the procedures related to giving notice as outlined in the homestay guidelines that form part of the student application package.
5. I agree to inform my homestay parent(s) fully of my plans, provide contact phone numbers and ask their permissions if I plan to visit friends, relatives or close family friends both within the community and in other communities.
6. I agree to obey the curfew hours of the home.
7. I agree I will not participate on overnight trips on my own or with other students. I understand that official school district supervised outings may be permitted. Overnight trips with my host family must be authorized by the homestay coordinator in advance. I will not go on a trip with another adult without obtaining prior written permission from my parents and local custodian allowing such a trip before requesting permission from the homestay coordinator. Accompanying adults must be 25 years or older. I understand that I will need to obtain additional medical coverage if I leave the province of British Columbia.
8. I understand that day trips to Victoria (or a trip requiring a ferry ride) are not allowed, except with a supervising adult, 25 years or older.
9. I understand that students who are absent from their homestay family's home overnight, with no prior approval or notice may be dismissed by the school district.
10. I understand that it is the preference of the School District that students do not smoke and agree that I will not be permitted to do so.
11. I agree not to visit such places as adult theatres, pornographic websites, lounges, bars or night clubs where alcoholic beverages are served.
12. I understand that I cannot attend evening concerts or any raves unless accompanied by a supervising adult 25 years or older.
13. I understand that sexual relations are prohibited if I am under the custodianship of Delta School District and that students of opposite genders are not allowed to be alone in a bedroom together.
14. I understand that the homestay parents have the right to limit or remove student computer privileges if excessive or inappropriate computer activity is demonstrated.
15. I agree to reimburse the host family for any damages to their home or possessions as a result of my actions.
16. I understand that I must leave my homestay by the last day of my paid study term with the Delta School District.

PARTICIPATION AGREEMENT

1. I agree to abide by the laws of Canada and the home country.
2. I agree to refrain from the use or possession of alcohol or drugs other than those prescribed by a doctor for medical purposes.
3. I understand that I am not allowed to smoke cigarettes, marijuana, or any other substance.
4. I agree to inform the Delta School District of all medications I am taking.
5. I agree not to purchase, use, or have in my possession, which includes my home stay premises, school locker or vehicle, weapons of any kind.
6. I understand that I may not drive a vehicle or obtain a driver's license while studying in Delta School District.
7. I agree to respect the property of others and understand that any theft is a breach of the law.
8. I agree not to engage in fighting, bullying, racial taunting or similar activity, including use of the internet or social media as a vehicle for such behavior.
9. I agree to attend school (and be on time) on a regular basis. Absences or lates must be satisfactorily explained.
10. I understand that Delta School District has the right to supervise my educational plan and that full time studies in Delta School District are mandatory. I will not drop courses and take partial on-line or night school programs.
11. I will abide by School District code of conduct for behaviour and deportment, and will be expected to complete all homework and assignments.
12. I understand that cheating, plagiarizing, and academic dishonesty are against school rules. Incidents of cheating may result in dismissal from the program.
13. Unresolved school or homestay related conflicts will be referred to the Program Administrator for mediation. The Program Administrator's decision is final. Infractions of the terms of this agreement may result in the immediate dismissal from the International Student Program and the termination of the study permit.

MEDICAL AUTHORITY AND RELEASE

I/we, as parents of the student, do hereby authorize the School District staff and the sponsoring homestay parents to consent on behalf of my/our 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/our child, I/we will accept all financial responsibility related to any such treatment. I/we, as parents of the student, agree to fully disclose to the School District any pre-existing medical conditions from which my/our child may suffer, and will fully disclose any changes in our my/our child's medical condition.

I/we understand that Delta 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, or exhibits a concerning change in his/her health.

GENERAL RELEASE AND INDEMNITY

I/we agree to indemnify School District 37 (Delta), 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 the School District 37 (Delta) 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 such action as it considers necessary, including securing medical treatment and transporting my/our child home to us, at my/our own expense. I/we release School District 37 (Delta) from any and all liability related to such actions and agree to indemnify it for such costs.

I/we understand that my 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/ son/daughter be allowed to participate in the full range of field trip, club, or sports activities that will take place on weekends, or before, during or after school. I give my permission for the student to participate in all such extracurricular activities. I also grant Delta School District the right to sign activity waiver forms and release forms deemed necessary, on my behalf.

It is a fundamental condition of the Board of Education of Delta School District 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/we understand that a successful experience in the International Student Program in Delta School District depends on regular class attendance, completion of all homework and assignments, and participation in class activities. I/we acknowledge that the International Student Program of Delta School District reserves the right not to renew students for future study terms if they do not comply with all the expectations listed in this agreement and if their school performance demonstrates an inability to successfully pass their courses.

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.

I/we understand that it is the parents' responsibility to ensure that all study permits and visas are current. Failure to renew the study permit will impact medical insurance coverage (MSP) and extra medical fees may apply.

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 efforts to ensure that my/our child honours all the obligations set out and I/we agree to be bound by all of terms of this agreement.

I /we understand that failure to abide by all expectations outlined within this listed agreement, will result in dismissal from the International Student Program of School District 37 (Delta), without refund of any kind, and with notification to the Canadian Embassy of the student dismissal. I/we also understand that a breach of any criminal law may result in criminal charges and penalties.

I/we understand that this contract, including all terms and conditions; also apply to future study terms and renewals until the end of the student's participation in Delta School District's International Program.

GENERAL RELEASE AND INDEMNITY

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

_____	_____	_____
Name of Student (print)	Student Signature	Date
_____	_____	_____
Name of Parent/Guardian (print)	Parent/Guardian Signature	Date
_____	_____	_____
Name of Parent/Guardian (print)	Parent/Guardian Signature	Date
_____	_____	_____
Name of Witness (print) (Person over the age of 19)	Witness Signature	Date

HOMESTAY WAIVER FORM
DELTA SCHOOL DISTRICT INTERNATIONAL STUDENT PROGRAM
(only sign if NOT using the Delta School District Homestay Program)

I/we, the parents/ guardians of _____, wish to make our own arrangements for the homestay placement of my/our child.

I/we understand that the homestay family I/we have selected for our child should meet the requirements of the Delta School District homestay program and that the supervising adults be a minimum of 25 years old. I/we will require the adult members of the family to complete a criminal records search at their own expense. I/we understand that this must be done prior to my child residing with the family. In the event that the results of the search indicate that there may be reason to believe there is a criminal record, the district must be notified. I/we understand that should there be evidence of a criminal record; the district may refuse to register my/our child if he/she resides in this home.

I/we understand that the Delta School District will have no role in assessing or monitoring the suitability of the homestay family we have chosen or the accommodation that they may offer to our child.

I/we agree to absolve the Delta School District of any liability for any injury, loss, damage, or expense that I/we or our child may incur or suffer and I/we will hold the Delta School District harmless from any and all costs which the Delta School District may incur as a result of my/our child being placed in a homestay placement that I/we have arranged.

I/we will make our own arrangements for legal custodianship of my/our child while in Canada, and will submit the original notarized custodial documentation to the Delta School District in a form acceptable to the School District.

I/we have read this agreement and fully agree to its terms and conditions.

Name of Parent/Guardian (print)	Parent/Guardian Signature	Date
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Name of Parent/Guardian (print)	Parent/Guardian Signature	Date
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Name of Witness (print) (Person over the age of 19)	Witness Signature	Date
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