



# Edmonton Catholic Schools INTERNATIONAL STUDENT PROGRAM

One World...One Centre 12050 - 95A Street Edmonton, AB Canada T5G 1R7

Phone: 780-944-2001 Fax: 780 944.2006 Email: isp@ecsd.net

## STUDENT APPLICATION

### STUDENT INFORMATION

#### Legal Name of Student

Last Name

First Name

Middle Name

Date of Birth

Month

Day

Year

Gender:  Male  Female

Religion \_\_\_\_\_

#### Student Home Address

Address \_\_\_\_\_

City \_\_\_\_\_

Province/State \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone (Country Code, Area Code, Number)

Student Email

Today's Date \_\_\_\_\_, 20\_\_\_\_

Projected Start Date \_\_\_\_\_, 20\_\_\_\_

Intended Length of Program  One Semester  Full Academic Year

#### How did you find out about Edmonton Catholic Schools International Student Program?

Your current teacher  Advertisement  Student Fair  Family or Friend  Other (Explain): \_\_\_\_\_

Country of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

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

ECSD does not guarantee placement in choice of school desired. Placement will be done according to student's ESL needs and availability of space in the school.

Status in Canada  Visiting Student - study permit  Canadian Non Resident – parents living out of province/country

#### For Office Use only – do not write in this space

Documents submitted:  Application  Academic Records for 2 years  Academic Reference  Recommended grade placement: \_\_\_\_\_

Student:  Accepted  Provisional acceptance  Not accepted Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



[www.ecsd.net/international](http://www.ecsd.net/international)



## ACADEMIC RECORDS / INFORMATION

Current Grade \_\_\_\_\_ Grades completed \_\_\_\_\_ Years of English language training \_\_\_\_\_

Level of English:  Basic  Intermediate  Advanced

Language spoken at home \_\_\_\_\_ Language spoken at school \_\_\_\_\_

Fluent Languages:  English  French  Other(Specify) \_\_\_\_\_

Are you working with an Agent?  Yes  No

Do you want us to send all documents and communications to your Agent?  Yes  No

**Name of Agency:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_  
 Last Name, First Name **Phone** (Country Code, Area Code, Number)

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

Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

## PARENT / CUSTODIAN / HOMESTAY INFORMATION

**Father's Name** \_\_\_\_\_  
 Last Name First Name

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
 Month Day Year

**Mother's Name** \_\_\_\_\_  
 Last Name First Name

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
 Month Day Year

Address \_\_\_\_\_ City \_\_\_\_\_ Province/State \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_  
 Phone (Country Code, Area Code, Number) Cell (Country Code, Area Code, Number)

Do one or both parents speak English?  Yes  No

### Custodian Contact Information in Edmonton

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_  
 Phone (Area Code, Number) Cell (Area Code, Number)

## PARENT/CUSTODIAN/HOMESTAY INFORMATION (continued)

Will you live with your custodian while in Edmonton?  Yes  No

If No, do you require Homestay through Canada Homestay International?  Yes  No

**If No, list who you will be living with and provide address information**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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

Email \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Phone (Area Code, Number)

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Cell (Area Code, Number)

## STUDENT'S HEALTH INFORMATION

Do you have any severe or life threatening allergies (for example: food, medication)?  Yes  No

If YES, please specify:

Do you have or have had any medical or mental health issues or conditions or take any medications?  Yes  No

If YES, please specify:

Do you have any special learning or physical needs?  Yes  No If YES, please specify:

I understand that my child is applying for regular programming with Edmonton Catholic Schools and that ESL (English as a Second Language) support is available, if required.

Do you have any perceived or confirmed behavioral concerns, social integration difficulties or history of criminal behaviors?

Yes  No If YES, please specify:

Please be informed that all students must carry full health insurance offered by the District to participate in ECSD programs. You must provide a copy of your immunization record prior to attending school.

## THE PARENT MUST COMPLETE THE FOLLOWING SECTION:

- I understand that the International Student Program does not support international students driving motor vehicles during the time they study with Edmonton Catholic Schools.
- I understand that students are expected to follow district and school rules and if unable to do so, will be required to return home. A refund will not be issued.
- I declare that my child has no history of criminal behavior, sexual impropriety or mental health issues.
- I am aware that as part of the school curriculum, my child may participate in fieldtrips outside of the school.
- ECSD is not liable for losses/expenses incurred as a result of ECSD being unable to provide education owing to labour disputes, inclement weather or other causes beyond its control.
- I hereby waive, release, absolve and agree to indemnify and save harmless Edmonton Catholic Schools, all school and board officials, employees, agents, volunteers, and representatives or any of them from all liability arising from my child's participation in the educational program except such as results solely from its or their willful neglect or willful default.
- I certify that all the information provided on and within this application is complete, factually accurate, and honest. Failure to disclose all information may result in immediate dismissal.

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