



St. James-Assiniboia School Division International Student Program

470 Hamilton Avenue, Winnipeg, MB, Canada R2Y 0H4

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www.sjasd.ca/programs/ISP

STUDENT APPLICATION FORM

PERSONAL INFORMATION

Student's Name (as it appears on Passport):

Family Name

Given names

English name, or also known as: _____

Date of Birth:

Year Month Day

☐ Male

☐ Female

Permanent Address:

Street (and apartment)

City

State

Postal Code

Country

Telephone:

Country Code

City Code

Number

Student Email Address: _____

Parent or Guardian Information:

Student lives with: ☐ both parents ☐ Mother only ☐ Father only ☐ Other: _____

Mother's Full Legal Name: _____

Mother's Birthdate (YY/MM/DD): _____ Occupation: _____

Mother's Mailing Address: _____

Street (and apartment)

City

State

Postal Code

Country

Telephone:

Country Code

City Code

Number

Mother's Email Address: _____

Father's Full Legal Name: _____

Father's Birthdate (YY/MM/DD): _____ Occupation: _____

Father's Mailing Address: _____

City

State

Postal Code

Country

Telephone:

Country Code

City Code

Number

PLEASE TELL US ABOUT YOURSELF

Personality (Check the boxes that best describes yourself):

- ☐ outgoing ☐ independent ☐ adaptable ☐ quiet ☐ friendly ☐ serious
☐ nervous ☐ like to spend time alone ☐ active ☐ family-oriented ☐ spiritual

What are your hobbies and interests?

- ☐ basketball ☐ dance ☐ fishing ☐ cooking ☐ art
☐ soccer ☐ drama ☐ camping ☐ reading ☐ photography
☐ weight training ☐ hockey ☐ gaming ☐ internet ☐ horseback riding
☐ martial arts ☐ singing ☐ movies ☐ musical instrument: _____
☐ skateboarding ☐ other: _____

Do you have pets? ☐ No ☐ Yes, please specify: _____

Do you have any brothers or sisters? Tell us their names and ages.

My favourite foods are: _____

I do not eat: _____

Do you have a special diet?

☐ No ☐ vegetarian ☐ vegan ☐ celiac/gluten-free

☐ food allergy : _____ ☐ other : _____

Do you have any medical conditions of which we should be aware? ☐ No ☐ Yes, please describe in detail.

Have you been diagnosed with an illness in the past? ☐ No ☐ Yes, please describe in detail

Do you regularly take medication? ☐ No ☐ Yes, please name it and describe what it is for:

Do you smoke? ☐ No ☐ Yes,

Do you have any serious allergies, including medications? _____

Have you ever been away from home for longer than two weeks before? ☐ No ☐ Yes, please specify:

Would you like to participate in any cultural or religious organization while you are here? ☐ No ☐ Yes,
please specify : _____

Please write a paragraph to tell us a bit more about yourself:

Homestay Family Style Preferences: (Check all that apply.)

- ☐ Like small children/babies.
- ☐ Prefer other young people in home.
- ☐ Prefer no other children.
- ☐ Prefer quiet home.
- ☐ Prefer active family.
- ☐ OK to live with other international student(s)
- ☐ Pet allergy: _____
- ☐ Other preference: _____

***We will do our best to place you in a family with these preferences but cannot guarantee this.**

STUDENT AND PARENT RESPONSIBILITIES

We understand that a successful experience in the International Student Program (ISP) depends upon:

- Obeying the laws of Canada, including national, provincial, and local laws;
- Abiding by all school rules, and requirements;
- Abiding by homestay expectations and guidelines;
- Abiding by International Student Program rules, requirements, and expectations.

We acknowledge that the St. James-Assiniboia School Division has the sole and unfettered discretion to dismiss a student and return the student home, at the parent's expense, without tuition refund, for violating any of the rules set out by the ISP. We understand that failure to disclose information about an applicant may also result in a student's dismissal at the parent's expense, without tuition refund.

We understand that the following represent serious breaches of the above, but are not exclusive examples of such breaches.

- driving a vehicle;
- holding a paying job
- using alcohol, cannabis, or illegal drugs;
- engaging in illegal activities;
- violating school rules (chronic absenteeism, misbehaviour, fighting, not completing homework assignments)
- breaking homestay rules and expectations (breaking curfews, inappropriate computer use, disrespect for homestay property, smoking)
- violating ISP rules (unauthorized travel, unauthorized tattoos and piercings).

I undertake to abide by International Student Program regulations and to cooperate with administrators, teachers and students in the St. James-Assiniboia School Division.

Signature and Date: **Student** _____

I have read and understand the conditions outlined above and I acknowledge that the International Student Program of the St. James-Assiniboia School Division reserves the right to dismiss students and to return them home at the parents' expense without tuition refund for violating any of the Program's rules set out above.

Signature and Date: **Parent** _____

Parental Permission for Use of Student's Photographs and Video & Audio Recordings of Students:

I hereby consent that creative work, photographs or video/audio recordings of my child may be used for the purpose of illustration, publication or display in promotional materials in connection with the St. James-Assiniboia School Division.

Signature of Parent

School Division Activities:

Educational activity programs involve certain elements of risk. Injuries may occur while participating in certain activities. The risk of sustaining injuries results from the nature of the activity and can occur without fault of either the student or the School Board, its employees, or the facility where the activity is taking place. By choosing to take part in certain activities, you are accepting the risk that your child may be injured. The chance of injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. The School Board does not provide accidental death, disability dismemberment or medical expense insurance on behalf of students participating in these activities. All students participating in trips that involve risk and/or trips outside the city must have supplemental medical insurance and written permission from a parent/legal guardian for each trip.

Signature of Parent

PAYMENT INFORMATION**CHECK ONE** ☐ **Credit Card** ☐ **Wire Payment** ☐ **Cheque/Bank Draft****Name on Credit Card** _____**Credit Card #** _____**Expiry Date** _____**Authorized Signature** _____**Payment Amount** _____**Date** _____**Make cheques/bank drafts payable to St. James-Assiniboia International Student Program.**