



### International Student Program

470 Hamilton Avenue, Winnipeg, Manitoba R2Y 0H4  
http:www.sjsd.net

Telephone: 1 (204) 837-1331  
Fax:1 (204) 888-0945

## STUDENT APPLICATION FORM

### PERSONAL INFORMATION

### PLEASE PRINT

Student's Name: \_\_\_\_\_  
(As it appears on Passport) Family Name Given names (Preferred Name)

Date of Birth : \_\_\_\_\_  Male  Female  
Year Month Day

Permanent Address: \_\_\_\_\_  
Street (and apartment)  
\_\_\_\_\_  
City State Postal Code Country

Telephone: \_\_\_\_\_  
Country Code City Code Number

Student Email Address: \_\_\_\_\_ @ \_\_\_\_\_

### Parent or Guardian Information:

Mother's Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Mother's Birthdate \_\_\_\_\_ Country Code City Code Number

Father's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Father's Birthdate: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name Country Code City Code Number

Lives with both parents \_\_\_yes Mother only \_\_\_ Father only \_\_\_

I have been referred to St. James-Assiniboia by: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Preferred Grade: \_\_\_\_\_

Length of Academic Program:  1 semester  Full Year  Summer Program  Short-Term

(St. James-Assiniboia School Division reserves the right to determine the grade and school placement.)

### Senior/High Schools (Grades 9 to 12)

- John Taylor Collegiate  Collège Sturgeon Heights Collegiate
- St. James Collegiate  Westwood Collegiate
- No preference – please assign

### Middle Schools (Grades 6 to 8)

- Bruce Middle School  George Waters Middle School
- Golden Gate Middle School  Hedges Middle School
- Lincoln Middle School  Ness Middle School
- No preference – please assign



**ACADEMIC INFORMATION**

If you are currently enrolled in a school, please complete the following:

Name and address of school: \_\_\_\_\_

Current Grade/Form: \_\_\_\_\_

First Language spoken: \_\_\_\_\_ Second language(s): \_\_\_\_\_

TOEFL or other language Test Score (if taken): \_\_\_\_\_ Date of test: \_\_\_\_\_  
(please attach copy of results with transcript)

I have studied English for \_\_\_\_\_ years.

Do you wish to graduate from St. James-Assiniboia School Division? \_\_\_\_\_

Please check if applicable: After graduation from High School, I plan to:

- Apply to a Canadian or U.S. college/university
- Apply to a university in my own country

**PLEASE TELL US ABOUT YOURSELF**

Why do you wish to study in St. James-Assiniboia? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personality (Check the appropriate box that best describes yourself)

- outgoing
- independent
- adaptable
- quiet
- friendly
- serious

What do you like to read? \_\_\_\_\_ Favorite Books? \_\_\_\_\_

What are your hobbies and interests? \_\_\_\_\_  
\_\_\_\_\_

What sports do you play? \_\_\_\_\_

Do you play a musical instrument? No Yes, please specify. \_\_\_\_\_

Do you have pets? \_\_\_\_\_ No Yes, please specify. \_\_\_\_\_

Describe the community you live in. \_\_\_\_\_  
\_\_\_\_\_

What industries are common? \_\_\_\_\_

Do you live in an apartment a house Do you have your own bedroom? \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

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



**HOMESTAY INFORMATION**

My favorite foods are: \_\_\_\_\_

I do not eat: \_\_\_\_\_

Do you have any allergies: No Yes, please specify. \_\_\_\_\_

Do you have any health conditions of which the school division or your homestay should be made aware?

No  Yes, please describe in detail \_\_\_\_\_

Do you regularly take medication? No Yes, please describe in detail.

Do you have any concerns about coming to Canada?  No Yes, what are they?

Have you ever lived away from home before? No  Yes, please specify.

**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)

Do you like participating in sporting activities? No Yes, please specify.

Do you wish to belong to or take part in any religious or cultural organization? No Yes, please specify.

**The signature below acknowledges agreement with the following:**

The personal information contained on this form is collected and protected under the authority of the Public Schools Act, the Education Administration Act, the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act, and will be used and disclosed for the purpose of enrolment in the International Student Program.

**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/Legal Guardian**

**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 St. James-Assiniboia School Division is not legally liable should my child be injured while in Canada. The School Board does not provide accidental death, disability dismemberment or medical expense insurance on behalf of students participating in these, or any other, 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/Legal Guardian**



**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. Please refer to IHBHE-R for more information.

- driving a vehicle;
- holding a paying job;
- using alcohol 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 \_\_\_\_\_

**PAYMENT INFORMATION**

CHECK ONE   Credit Card   Wire Payment   Cheque/Bank Draft

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Payment Amount \_\_\_\_\_

Date \_\_\_\_\_