



St. James-Assiniboia School Division International Student Program

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

Telephone: 1-204-837-1331 Email: intered@sjasd.ca

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

Father's Email Address: _____

Emergency Contact (Must speak English):

Name: _____ Telephone: _____
Country Code City Code Number

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

Anticipated Start Date: _____ Preferred Grade: _____

Length of Academic Program: Short-Term 1 semester Full Year More than 1 year

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

Preferred Senior/High Schools (Grades 9 to 12)

- | | |
|--|--|
| <input type="checkbox"/> John Taylor Collegiate | <input type="checkbox"/> Collège Sturgeon Heights Collegiate |
| <input type="checkbox"/> St. James Collegiate | <input type="checkbox"/> Westwood Collegiate |
| <input type="checkbox"/> No preference – please assign | |
| <input type="checkbox"/> Middle School (Grades 6 to 8) | <input type="checkbox"/> Elementary School (Grades 1 to 5) |

ACADEMIC INFORMATION

Name and country of current or most recent school:

Current Grade: _____

First Language spoken: _____ Second language(s): _____

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

What is your current level of English?

- I can speak or understand very little English
- I can speak, write, or understand simple sentences in English, and answer simple questions
- I can have a basic conversation in English, and read and understand short passages
- I am comfortable speaking in English, can read a novel and write an essay with some help
- I can understand and use English well both socially and in school

What is your favourite subject? _____

What is your least favourite subject? _____

What extra school activities or clubs do you participate in? _____

Do you wish to graduate from St. James-Assiniboia School Division? No Yes

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

What do you plan to study in university or college? _____

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.