



4585 Harvest Drive Delta, BC V4K 5B4:
Tel: 604-952-5366 • Fax: 604-952-5383
www.GoDelta.ca

International Student 2023 Summer Application Form

| | | | |
|--------------------|---------|---------|-------|
| Office Use: | | | |
| Application Date: | School: | Program | Grade |

| A. STUDENT INFORMATION (as written on passport) | | | |
|-------------------------------------------------|-------------------------------|---------------------------------|----------------------------------------|
| Family Name | | | |
| Given Name/s | | English Name | |
| Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Not specified <input type="checkbox"/> |
| Date of Birth | (dd/mm/yy) | | |
| Student's Email | | | |
| Citizenship | | Current Grade | |
| Present School | | Location | |
| Previous School | | Location | |

| B. LEGAL PARENT/GUARDIAN 1 (as written on passport) | | | |
|-----------------------------------------------------|----------------------------------------------------------|-----------------|--|
| Family Name | | | |
| Given Name | | Relationship | |
| Date of Birth | (dd/mm/yy) | Occupation | |
| Primary Phone | | Secondary Phone | |
| Email | | | |
| Home Address | | | |
| City | | Province/State | |
| Country | | Postal/Zip Code | |
| Speaks English | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

| C. LEGAL PARENT/GUARDIAN 2 (as written on passport) | | | |
|-----------------------------------------------------|----------------------------------------------------------|-----------------|--|
| Family Name | | | |
| Given Name | | Relationship | |
| Date of Birth | (dd/mm/yy) | Occupation | |
| Primary Phone | | Secondary Phone | |
| Email | | | |
| Home Address | | | |
| City | | Province/State | |
| Country | | Postal/Zip Code | |
| Speaks English | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

D. CUSTODIAN INFORMATION (as written on passport) Must be Canadian or Permanent Resident

| | | | | |
|---------------|--------------------------------------------------------------------|-----------------|------------|-----------------|
| Custodian | Delta School District <input type="checkbox"/> | | | |
| | Other (Please complete information below) <input type="checkbox"/> | | | |
| Family Name | | Date of Birth | (dd/mm/yy) | |
| Given Name | | | | |
| Address | | | | |
| City | | Province | | Postal/Zip Code |
| Primary Phone | | Secondary Phone | | |
| Email | | | | |

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

| | |
|-----------------------|--|
| Agency Name | |
| Name of Agent Contact | |
| Agent Email | |
| Agent Phone Number(s) | |

Locations are Delta Manor and Burnsvew. Delta School District will determine school placement.

F. MEDICAL INFORMATION

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Do you have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> | If "yes", please describe: |
| Do you currently have, or have you ever had, any ongoing or significant health conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> | If "yes", please describe: |
| Do you regularly take any medication? Yes <input type="checkbox"/> No <input type="checkbox"/> | If "yes", please describe: |
| Do you smoke cigarettes/e-cigarettes? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| List any psychological issues, including anxiety, depression, eating disorders etc., either perceived or documented. | |
| List any social, emotional, educational, and/or any behavioural difficulties or disabilities, either perceived or documented. | |
| List any learning needs or challenges, either perceived or documented. | |

G. MEDICAL STATUS ACKNOWLEDGEMENT (please check box below)

I agree to notify Delta School District International programs if there is any change to medical or psychological status or any additional medications that have been prescribed between the time of application and arrival in Delta.

H. HOMESTAY (DISTRICT)

I will require a District homestay Yes.
 No (complete Section I)

I HOMESTAY (PRIVATE)

| | | |
|-------------------------------------------------------------------------------------------------|-----------------|--|
| <input type="checkbox"/> I will live with a parent | Relationship | |
| <input type="checkbox"/> I have a homestay arranged with (<i>complete information below</i>): | Relationship | |
| Last Name | First Name | |
| Address | Email | |
| City | Postal Code | |
| Primary Phone | Secondary Phone | |

Please be aware that we do our best to meet all homestay requests. Although we take all your requests seriously, we cannot provide a guarantee they will be met.

J HOMESTAY APPLICATION (for those applying for district homestay)

Do you have any brothers or sisters? Yes No

Do you play a musical instrument? Yes No (If "yes", what kind)?

Pets are very common in Canadian life. Is there any reason that you can't live in a home with a pet? Please explain.

What are your hobbies and interests?

What sports do you play?

Would you like to live in a home where there are other foreign students? Yes No

Would you like to live in a home where there are young children? Yes No

Would you like to live in a home where there are teenagers? Yes No

Would you like to live in a home where there are only adults? Yes No

If you attend church/temple, what kind?

List the foods you like to eat.

List the foods you dislike.

Special Diet Requirements:

- Food Allergies
- Gluten Free
- Lactose Free
- Other
- Vegan
- Vegetarian

What are the most important qualities you are looking for in a home and homestay family?

What 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 program fee (less the \$300 registration and homestay placement 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. Refunds will not be granted without this letter for any reason.
- Two-thirds (66%) of the program fee is refunded if the student withdraws prior to the start of the program.
- Should Delta School District be required to cancel the program full refund will be offered.
- No refund of the program fee 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 refunds are provided as of the first day of the program.

| | | |
|------------------------------------------|------------------------------------|---------------|
| _____ NAME OF STUDENT (PRINT) | _____ STUDENT SIGNATURE | _____ DATE |
| _____ NAME OF PARENT/GUARDIAN (PRINT) | _____ PARENT/GUARDIAN SIGNATURE | _____ DATE |

Terms of Agreement

I understand that a successful experience in the International Student Program of School District 37 (Delta) depends upon regular class attendance, completion of all homework and assignments, and participation in all activities offered by the program. I understand that my child's photo will be taken throughout the program for educational purposes and that the photos may be used for educational advertisements in the future. I acknowledge that the International Student Program of School District No. 37 (Delta) reserves the right to dismiss students and return them home, at their own expense, without tuition refund for safety reasons and medical reasons, violating school rules, the district code of conduct, and/or the laws of BC and/or Canada. I therefore agree to uphold the rules and regulations, and cooperate with administrators, teachers, and the students of School District No. 37 (Delta).

It is a fundamental condition of the Board of School Trustees of School District No. 37 (Delta) 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, the undersigned parent or guardian of _____, request that my son/daughter be allowed to participate in full range of activities that will take place during Short Term Programs. I grant Delta School District the right to sign activity waiver forms and release forms deemed necessary, on my behalf.

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

Fees may be paid by: Bank Transfer:

Delta School District, International Student Program
Bank # 003, Transit # 02800
Account # 000-003-4
Swift Code: ROYCCAT2
Royal Bank of Canada
5205 - 48 Avenue
Delta, BC V4K 1W4 ***Please ensure that the student's name is on the transfer***

Or: Cheque or Bank Draft: Use a micro-encoded cheque or bank draft payable to: **Delta School District International Student Program**

NAME: -----
Last Name First Name

Date of Birth: -----
day/month/year

SUMMER PROGRAMS – Summer 2023

Program 1 – July 3 (arrival at YVR) – July 22 (departure from YVR)

Program 2 – August 6 (arrival at YVR) – August 26 (departure from YVR)

Classes run from Monday to Friday each week.

Please note that **July 3** and **August 7** are statutory holidays, no class.

PROGRAM 1 / July 4 to July 21 (in class)

Week One – Intensive ESL – 9 to 3

Week Two – Intensive ESL – 9 to 3

Week Three – Morning ESL plus afternoon sightseeing activities 9 to 4:30

PROGRAM 2 / August 8 to August 25 (in class)

Week One – Intensive ESL – 9 to 3

Week Two – Intensive ESL – 9 to 3

Week Three – Morning ESL plus afternoon sightseeing activities 9 to 4:30

Costs

Registration fee - \$150 (non-refundable) \$ _____

Medical fee - \$75 for 3 weeks \$ _____

Homestay placement fee - \$150 (non-refundable) \$ _____

Homestay fee - \$750 for 3 weeks \$ _____

Program fee - \$1650 for 3 weeks \$ _____
(Including transportation and entrance fees to activities)

Total Due \$ _____

This can only be offered to students aged 10 and up who are fully vaccinated due to travel restrictions and quarantine protocols.

For information on summer programs for students younger than 10 email study@GoDelta.ca for options.