



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

International Student Application Form

Office Use:			
Application Date:	School:	Grade:	Tuition Period:

*Translated application forms and brochures are provided for easy reference of applicants. Delta School District always follows the policies and definitions as stated in the **English version** of brochures and application forms.*

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)

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)	

F. EDUCATION GOALS

I wish to apply for Grade:	Start Date mm/yy	End Date mm/yy
School Preference	1.	2.
	3.	
I wish to <input type="checkbox"/> Study for short term only <input type="checkbox"/> Study for one year <input type="checkbox"/> Study for multiple years <input type="checkbox"/> Graduate in British Columbia		

Placement in school of choice will be accommodated if possible, however the Delta School District reserves the right to determine final school placement

G. 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.

H. 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.

I. HOMESTAY (DISTRICT)

I will require a District homestay	<input type="checkbox"/> Yes. <input type="checkbox"/> No (complete Section J)
How would you like to pay the homestay fee?	<input type="checkbox"/> I will pay the homestay family directly on the 1 st of each month <input type="checkbox"/> Please add to my invoice

J. 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.

K. 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.

Special Diet Requirements:

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

List the foods you dislike.

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

Please note that fee structures and the refund policy can vary slightly from year-to-year.

Agent partners and parents are responsible for following the refund policy for the year of application and any subsequent years of enrollment, knowing there may be changes from one year to the next.

The fee structures and refund policies can be found at <https://www.godelta.ca/admissions/fees/>.

CUSTODIANSHIP

All international students not living with a parent require a custodian, 25 years of age or older, for the length of their study term in Delta School District. Parents may appoint their own custodian and must send the notarized custodianship documents to the school district upon acceptance. The custodian must not leave the province of British Columbia while the student is under his/her care. Students with no custodian will be dismissed.

Delta School District can also assume student custodianship if requested. The school district will assign a staff member to act in the custodianship role, and if the staff member is temporarily unavailable, another school district employee may be assigned to act as temporary custodian.

Please note that school district custodianship responsibility only applies when the student is studying in Delta School District.

All custodianship responsibility will not be in effect prior to the student studying in Delta School District and will cease if the student leaves Delta School District for any reason. The beginning and end of the study term are determined by the start and end dates of the Letter of Acceptance OR the recommended arrival/departure dates on the arrival and departure information provided by the program.

MEDICAL INSURANCE

International students must pay for mandatory medical insurance when studying in Delta School District. This is part of the program fee. There are different medical plans depending on the length of the study term:

Please visit our website: <https://www.godelta.ca/parent-student-and-agent-information/medical-insurance/>

for current medical coverage information.

When the student ceases to be part of Delta School District's International Program, medical insurance becomes the responsibility of the student and parents/guardian.

_____ Parent's initials

School District 37 (Delta)

Homestay Guidelines for International Students

The Delta School District welcomes international students to participate in its homestay program. All our homestay families in Delta have been carefully selected, interviewed and found to be appropriate placements for students. The School District homestay coordinators make all the arrangements for placement and liaison between the parent, student, homestay family, school and custodian. Please note that homestay family members are private citizens and are not acting in the capacity of school district employees.

ARRIVALS Students must provide advance notice to the program administrator about arrival and departure times in order that homestay coordinators may be advised. Arrival dates must be in accordance to district recommendations.

DEPARTURES Students must leave their homestay by the last day of their paid study term with no exceptions.

PLACEMENT & MAINTENANCE FEE Students pay a \$500 annual maintenance fee. Should a move be necessary, there are no additional moving fees.

HOMESTAY FEE The homestay period is from the first day to the last day of each calendar month. The homestay fee (\$1,200 per month) is due on the first day of the month. For any extra nights in a previous or subsequent month, the rate is \$39 for each night (with the exception of homestay fees for August orientations), when students are staying for 5 or more months. Most homestay families are not able to host visiting parents.

ACCOMMODATION Each student will be provided with a private room including a bed, all bedding, dresser, desk, chair, desk lamp, waste basket, window and closet. In addition, students will have access to bathroom and laundry facilities and common areas of the home.

MEALS Students should inform host families of their food preferences and any food allergies they may have. Students will receive 3 meals per day and snacks will be available when needed. Students may get their own breakfast that may be either a hot breakfast or cold assortment such as cereal/toast/fruit with a beverage. Lunches provided will be bagged for school days and may include a sandwich, fruit, snack, and drink. Supper will usually be a warm meal eaten with the family. If the family is out for the evening, a meal will be left for the student.

STUDENT VACATIONS (Regular Year - September 1st to June 30th) During the school year, students must pay the full monthly homestay fee regardless of any temporary absences for vacations or other reasons, or arrival/departure not on the first or last day of the month.

STUDENT VACATIONS (Summer Term - July 1st to August 31st) There is a storage fee of \$50 a month. Students must box up belongings and vacate the room.

HOUSE RULES Host families will review house rules with students including such items as meal times, bedtimes, bathroom use, laundry schedules, and time for incoming phone calls, computer use and curfews. Some families may write out these rules formally.

STUDENT HANDBOOK Students must follow the homestay and school district rules as set out in the student handbook, which can be found at <https://www.godelta.ca/parent-student-and-agent-information/student-handbooks/>

COURTESIES Students should speak English at all times in the home and respect their host parents. Please discuss and make arrangements for telephone and computer use. Secondary students will bring their own laptop. Host parents will set up curfew times based on District recommendations. Any sleepovers must be approved by host parents and may be permitted, but only with appropriate adult (over 25 years old) supervision. It is always considerate to consult with the homestay parents before making any travel plans.

FAMILY VACATIONS Host families may take vacations at Christmas or Spring Break and may be willing to include the student. Students must discuss such plans with their parents and written permission must be given by the parents. Arrangements to cover travel and personal expenses are to be made with the hosts. If the student is unable to accompany his/her family, the coordinator will make approved temporary homestay arrangements.

GIVING NOTICE/STUDENT MOVES - DEPARTURES It is required that students give host families at least 2 weeks' notice if they intend to move out or remunerate them with 2 weeks' rental payment. Students who are dismissed or leave the program are responsible for payment for the rest of the month or 2 weeks, whatever is the greater.

COORDINATOR CONTACT INFORMATION Please visit the school district website at www.godelta.ca for the contact information of the homestay coordinator for your area.

DAMAGE Students are responsible for any damage they cause accidentally or deliberately to the homestay's property, not including normal wear and tear.

SMOKING Students and homestay families have a right to a smoke free environment.

Students who do not participate in the school district's homestay program must have their parents sign the homestay waiver form on page 12 of this application form. Please note that students must live with an adult who is at least 25 years old.

_____ Parent's initials

HOMESTAY EXPECTATIONS

1. I understand and agree to follow the homestay guidelines contained on page 7 of this application and the house rules of my host family.
2. I have read and agree to follow the homestay expectations listed in the International Student Handbook.
<https://www.godelta.ca/parent-student-and-agent-information/student-handbooks/>
3. I agree not to move from my assigned homestay family without International Programs staff permission.
4. In the event of a problem with my homestay, I agree to notify the International Programs department promptly. Staff will attempt to resolve any concern. However, should a move be necessary, I agree to follow the procedures related to giving notice as outlined in the homestay guidelines that form part of the student application package.
5. I agree to obtain my homestay parent(s) permission if I plan to visit friends, relatives, or close family friends both within the community and in other communities. I will always inform my homestay parent(s) fully of my plans and provide contact phone numbers.
6. I agree to obey the curfew hours of the home.
7. I agree I will not participate on overnight trips on my own or with other students. I understand that official school district supervised outings may be permitted. Overnight trips with my host family must be authorized by the International Programs staff in advance. I will not go on a trip with another adult without obtaining prior written permission from my parents AND local custodian. Accompanying adults must be 25 years or older. I understand that I may need to obtain additional medical coverage if I leave the province of British Columbia.
8. I understand that day trips to Victoria, Whistler and trips outside the Lower Mainland are not allowed, except with a supervising adult, 25 years or older.
9. I understand that students who are absent from their homestay family's home overnight, with no prior approval or notice, may be dismissed by the school district.
10. Students are not permitted to smoke any substance which includes vaping and the use of e-cigarettes.
11. I agree not to visit such places as adult theatres, pornographic websites, lounges, bars, adult social media sites or night clubs. I will not share intimate photos of myself or others.
12. I understand that I cannot attend evening concerts or sporting events unless accompanied by a supervising adult 25 years or older. Ticketed parties other than school or school district events are not permitted.
13. I understand that sexual relations are prohibited.
14. I understand that the homestay parents have the right to limit or remove student computer privileges if excessive or inappropriate computer activity is demonstrated.
15. I agree to reimburse the host family for any damages to their home or possessions as a result of my actions.
16. I understand that I must leave my homestay by the last day of my paid study term with the Delta School District. This includes summer holidays if students are not attending summer courses.

PARTICIPATION AGREEMENT

1. I agree to abide by the laws of Canada and my home country.
2. I will abide by School District code of conduct for behaviour and deportment.
3. I agree to refrain from the use or possession of alcohol or drugs other than those prescribed by a doctor for medical purposes. I must inform International Programs of all medications I am using.
4. I understand that I am not allowed to smoke cigarettes, marijuana, e-cigarettes or any other substance.
5. I agree not to purchase, use, or have in my possession, which includes my homestay premises, or school locker, weapons of any kind.
6. I understand that I may not drive a vehicle or obtain a driver's license while studying in Delta School District.
7. I agree to respect the property of others and understand that any theft or vandalism is a breach of the law.
8. I agree not to engage in fighting, bullying, racial taunting or similar activity, including use of the internet or social media as a vehicle for such behavior.
9. I agree to attend school (and be on time) on a regular basis. Absences or lates must be satisfactorily explained.
10. I understand that Delta School District has the right to supervise my educational plan and that full time studies in Delta School District are mandatory. I will not take on-line courses or night-school programs. I understand that I cannot drop or change courses without permission of International Program staff. I understand that if I intend to graduate I can expect to take credit summer courses in order to graduate on time or reach an adequate level of English competency.
11. I will complete all homework and assignments on time.
12. I understand that cheating, plagiarizing, and academic dishonesty are against school and district rules. Incidents of cheating may result in dismissal from the program.
13. Secondary school students must have a cell phone, local cell phone number, laptop and maintain activation of their cell phones throughout the time of their study in Delta.
14. Unresolved school or homestay related conflicts will be referred to the Program Administrator for mediation. The Program Administrator's decision is final.

Infractions of the terms of this agreement may result in the immediate dismissal from the International Student Program and the termination of the study permit.

_____ Parent's initials
_____ Student's initials

MEDICAL AUTHORITY AND RELEASE

I/we, as parents of the student, agree to fully disclose to the School District any pre-existing medical conditions from which my/our child may suffer and will fully disclose any changes in my/our child's medical condition that may occur between application and student arrival .

I/we, understand that Delta School District reserves the right to withdraw a student from the program and return him/her to the care of his/her parents if the student demonstrates or develops serious physical or mental health concerns, presents a significant safety concern, or exhibits a concerning change in his /her health. Refunds will be subject to the policy on page 6.

I/we, as parents of the student, do hereby authorize the School District staff and the sponsoring homestay parents to consent on behalf of my/our child to any necessary medical testing and treatment.

I/we, as parents of the students, agree that if my/our child has a pre-existing and/or chronic medical condition, I/we must ensure that any required treatment for the condition is covered by the medical insurance provider, and should any medical insurance provider refuse to accept responsibility for any treatment received by my/our child. I /we will accept all financial responsibility related to any such treatment.

GENERAL RELEASE AND INDEMNITY

I/we agree to indemnify School District 37 (Delta), for any financial obligations or liabilities that my/our child may incur, or any damage or injury to any person or property that my/our child may cause while participating in the International Student Program.

I/we, as parents of the student, understand that the School District 37 (Delta) is not responsible for any loss or injury suffered by my/our child during any periods of travel. If my/our child becomes ill, injured, or incapacitated, the School District may take such action as it considers necessary, including securing medical treatment and transporting my/our child home to us, at my/our own expense. I/we release School District 37 (Delta) from any and all liability related to such actions and agree to indemnify it for such costs.

I/we understand that my/our child's name, photo, and video may be taken throughout the program for educational purposes and that they may also be used for educational advertisements in the future.

I/we, the undersigned parents of the student, request that my/our/ son/daughter be allowed to participate in the full range of field trip, club, or sports activities that will take place on weekends, or before, during or after school. I/we give my permission for the student to participate in all such extracurricular activities. I/we also grant Delta School District the right to sign activity waiver forms and release forms deemed necessary, on my/our behalf.

I/we the undersigned parents, are aware that my/our son/daughter may use a variety of computer applications including, but not exclusively Google Apps, Google Classroom, Microsoft, Zoom and My Blueprint, I/we give my/our permission for my/our child to use these applications and understand that I/we am responsible for ensuring they are using them appropriately.

It is a fundamental condition of the Board of Education of Delta School District that the Board shall not be liable for losses or expenses (Parents/ Students) may incur as a result of the Board being unable to provide education owing to labour disputes, pandemics, school closure, weather and other acts of God or other causes beyond its control.

I/we understand that a successful experience in the International Student Program in Delta School District depends on regular class attendance, completion of all homework and assignments, and participation in class activities. I/we acknowledge that the International Student Program of Delta School District reserves the right not to renew students for future study terms if they do not comply with all the expectations listed in this agreement and if their school performance demonstrates an inability to successfully pass their courses.

It is also understood that **failure to disclose** any information regarding the applicant's ability to be successful in a regular course of studies may result in the removal of the student from the International Student Program, **without** program fee refund.

I/we understand that it is the parents' responsibility to ensure that all study permits and visas are current. Failure to renew the study permit will impact medical insurance coverage (MSP) and extra medical fees may apply.

Delta School District reserves the right to cancel an application if fees are not received in a timely manner.

We the undersigned, have read and fully accept all of the terms and conditions of this agreement, including the Medical Authority and Release, and General Release and Indemnity and agree that I/we will use my/our best efforts to ensure that my/our child honours all the obligations set out and I/we agree to be bound by all of terms of this agreement.

I /we understand that failure to abide by all expectations outlined within this listed agreement, will result in dismissal from the International Student Program of School District 37 (Delta), without refund of any kind, and with notification to the Canadian Embassy of the student dismissal. I/we also understand that a breach of any criminal law may result in criminal charges and penalties.

I/we understand that this contract, including all terms and conditions also applies to future study terms and renewals until the end of the student's participation in Delta School District's International Program.

I/we understand that Delta School District will provide an educational program for students. Delta School District cannot guarantee particular courses, or access to specific clubs, sports, academies or extra-curricular activities or delivery method of courses and/or activities.

GENERAL RELEASE AND INDEMNITY

I/we confirm and verify that all information submitted in this application is true.

_____ NAME OF STUDENT (PRINT)	_____ STUDENT SIGNATURE	_____ DATE
_____ NAME OF PARENT/GUARDIAN (PRINT)	_____ PARENT/GUARDIAN SIGNATURE	_____ DATE
_____ NAME OF PARENT/GUARDIAN (PRINT)	_____ PARENT/GUARDIAN SIGNATURE	_____ DATE
_____ NAME OF WITNESS (PRINT)	_____ WITNESS SIGNATURE (person over the age of 19)	_____ DATE

I/we understand that in enrolling in Delta School District's International Programs, Delta School District requires your consent to collect, use and share information with the Ministry of Education, the School District, insurance providers, individual schools, our staff, educational staff working with your child, your child's host family, natural parents and agent partners/recruiters identified on the application form. Information that is exchanged includes: names and contact information, identifying information (including student numbers, passport numbers, study permit numbers, health insurance numbers), date of birth, personal education number, health and medical information, grades and teacher feedback, information about educational needs, information about academic performance, information about social, emotional or physical well-being, information about conduct, previous course completion, and other information needed to effectively deliver educational programs and support student well-being.

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

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

Incomplete applications will not be processed.

Please ensure that your application has the following items and that the application fee has been paid. Go to the application link on our website, <https://www.GoDelta.ca/content/apply> to connect to the credit card payment page.

APPLICATION REQUIREMENTS:

- A completed application form - (*with signed and initialed pages*)
- All original transcripts/school records from the **current year** and the **last two years** (in English).
 - Transcripts and school records **must be certified** with a school stamp.
- Non-refundable application fee of \$200 (CAD) - payable at:
<https://cimsweb.deltasd.bc.ca/publicconnect/DistrictPayOnline.aspx?id1=XV&id2=APPL>
- Passport copy
- Immunization records

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 Ladner Trunk Road
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
Cheques must be certified and sent to the school board office.

Homestay Waiver Form

Delta School District International Student Program

(only sign if NOT using the Delta School District Homestay Program)

I/we, the parents/ guardians of _____, wish to make our own arrangements for the homestay placement of my/our child.

I/we understand that the homestay family I/we have selected for our child should meet the requirements of the Delta School District homestay program and that the supervising adults be a minimum of 25 years old. I/we will require the adult members of the family to complete a criminal records search at their own expense. I/we understand that this must be done prior to my child residing with the family. In the event that the results of the search indicate that there may be reason to believe there is a criminal record, the district must be notified. I/we understand that should there be evidence of a criminal record; the district may refuse to register my/our child if he/she resides in this home.

I/we understand that the Delta School District will have no role in assessing or monitoring the suitability of the homestay family we have chosen or the accommodation that they may offer to our child.

I/we agree to absolve the Delta School District of any liability for any injury, loss, damage, or expense that I/we or our child may incur or suffer and I/we will hold the Delta School District harmless from any and all costs which the Delta School District may incur as a result of my/our child being placed in a homestay placement that I/we have arranged.

I/we will make our own arrangements for legal custodianship of my/our child while in Canada, and will submit the original notarized custodial documentation to the Delta School District in a form acceptable to the School District.

I/we understand that the private custodian must remain in Canada during my child's period of study and be responsive to district communications.

I/we have read this agreement and fully agree to its terms and conditions.

_____ NAME OF PARENT/GUARDIAN (PRINT)	_____ PARENT/GUARDIAN SIGNATURE	_____ DATE
_____ NAME OF PARENT/GUARDIAN (PRINT)	_____ PARENT/GUARDIAN SIGNATURE	_____ DATE
_____ NAME OF WITNESS (PRINT)	_____ WITNESS SIGNATURE <i>(Person over the age of 19)</i>	_____ DATE

**DELTA INTERNATIONAL STUDENT PROGRAM - ACTIVITIES WAIVER
CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK**

Please read carefully. If this form is not signed and returned by the first day of attendance in Delta School District, your child will not be allowed to participate in the following activity(ies). By signing this form, you consent to your child's participation in the following activities/destinations throughout the year:

- Camping
- Go-Karting
- Hiking
- Mountain Biking
- Rock Climbing
- Various sightseeing activities in Victoria, Whistler, and the Vancouver area
- Snow Sports (Skiing, Snowboarding, Snowshoeing, Sledding, Tubing, and others)
- Water Sports (including swimming, boating, sailing, surfing, and others)
- Whale Watching
- Attending performances or professional sporting events
- Playland (Fright Night and/or day trips)

DATE(S): For the duration of attendance in Delta School District

METHOD OF TRANSPORTATION: Bus or Passenger Van or Host Parent/District Staff vehicles

SUPERVISION: Delta School District Staff

POTENTIAL KNOWN RISKS:

Variable and unforeseen risks may be associated with the recreational activities and travel to and from the activity listed above including unforeseen circumstances, weather or water conditions, horseplay, collisions with moving or fixed objects, slips, falls, injury by an animal, equipment failure or negligence on behalf of the operator, student failure to heed safety instructions, delayed rescue or accessibility, etc.

I grant permission for my son/daughter (student's name) _____ to participate in a full range of these types of activities that will take place during the year. I grant Delta School District the right to sign activity waiver forms and release forms deemed necessary, on my behalf. I do waive and release all claims against Delta School District for injury, loss, damage, accident, or expense resulting from the student's participation in the international student activities program.

Date:

Name of Parent/Legal Guardian 1

Name of Parent/Legal Guardian 2

Signature of Parent/Legal Guardian 1

Signature of Parent/Legal Guardian 2

**Delta School District, International Programs
4585 Harvest Drive, Delta, British Columbia
Canada V4K 5B4**

**Telephone: 604 952 5366 / FAX: 604 952 5383
Email: Study@GoDelta.ca
Homepage: <http://GoDelta.ca>**

**DELTA INTERNATIONAL STUDENT PROGRAM
VACCINATION/IMMUNIZATION ACKNOWLEDGEMENT**

In B.C., immunizations for school-aged children are routinely given in grade 6 and grade 9 (and other grades if children are behind in immunization or at risk for certain vaccine-preventable diseases). Vaccines are given by nurses at immunization clinics held at schools.

- **Grade 6:** Human Papillomavirus (HPV) Vaccines (if behind can get hepatitis B and chicken pox vaccines)
- **Grade 9:** Meningococcal Quadrivalent Vaccines
- **Grade 9:** Tetanus, Diphtheria, Pertussis (Tdap) Vaccine
- **Grades 6-12:** Human Papillomavirus (HPV) Vaccine for those who need it

Note:

- Common practice is for parents or guardians of children 12 years of age and younger to give consent for their child to be immunized. Forms are typically distributed through the schools.
- Students aged 12 and over can consent to their own vaccination without parental agreement in the province of British Columbia.

Acknowledgement and Consent:

Signing this document does not mean we are consenting for our child to get vaccinations. ***It is an acknowledgement we understand*** the vaccination practices in Delta schools and have had a discussion with our child regarding our family's views and wishes on receiving vaccinations if offered in Canada. For children over the age of 12, it is their responsibility and decision whether to comply with their parents' wishes.

Date:

Name of Parent/Legal Guardian 1

Signature of Parent/Legal Guardian 1

**Delta School District, International Programs
4585 Harvest Drive, Delta, British Columbia
Canada V4K 5B4**

Name of Parent/Legal Guardian 2

Signature of Parent/Legal Guardian 2

**Telephone: 604 952 5366 / FAX: 604 952 5383
Email: Study@GoDelta.ca
Homepage: <http://GoDelta.ca>**