




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



2026 Summer International Student Application

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	(mm/dd/yyyy)
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	(mm/dd/yyyy)	Occupation	
Primary Phone		Secondary Phone	
Email			
Home Address			
City		Province	
Country		Postal Code	
Speaks English	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

Custodian	<ul style="list-style-type: none"> Delta School District <input type="checkbox"/> Other (Please complete the information below.) <input type="checkbox"/> 			
Family Name		Date of Birth	(mm/dd/yyyy)	
Given Name		Status in Canada	Citizen <input type="checkbox"/>	PR <input type="checkbox"/>
Email				
Home Address				
City		Province		Postal Code
Primary Phone		Secondary Phone		

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 Secondary, Delta Manor and Burnsvew Secondary.
School placement will be determined by the Delta School District.

F. MEDICAL INFORMATION

Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please describe:
Do you currently have, or have you ever had, any ongoing or significant health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please describe:
Do you regularly take any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please describe:
Do you smoke cigarettes/e-cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any psychological issues, including anxiety, depression, eating disorders etc., either perceived or documented.	
List any social, emotional, educational, and/or any behavioral 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. (Complete Section J.)
 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 (Complete below.)	Relationship	
Family Name	Primary Phone	
Given Name	Email	
Home Address		
City	Postal Code	

Please be aware that we do our BEST to accommodate all homestay requests. While we take every request seriously, we cannot guarantee that all requests will be fulfilled.

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 all languages that you speak FLUENTLY.

List the foods you like to eat.

List the foods you dislike.

Special Diet Requirements:

- Food Allergies Other None
 Gluten Free Vegan
 Lactose Free 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. There will also be a *\$200 administration fee in case of cancellation.*
- Should Delta School District be required to cancel the program, a 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.
- Agents, parents and students are responsible for getting any necessary travel documents. Delay in receiving those documents does not constitute cause for refund. Please apply early.

_____ 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). Due to the compressed time frame of summer programs, I understand that homestay moves are not feasible.

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 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**

NAME: _____
Last Name First Name

Date of Birth: _____
month/day/year

SUMMER PROGRAMS – Summer 2026

Program 1 – July 4 or 5 (arrival at YVR) – July 25 (departure from YVR)

Program 2 – August 8 or 9 (arrival at YVR) – August 29 (departure from YVR)

Classes run from Monday to Friday each week.

PROGRAM 1 / July 6 to July 24 (in class)

- Week 1 - Intensive ESL (9 am to 3 pm)
- Week 2 - Intensive ESL (9 am to 3 pm)
- Week 3 - Morning ESL + Afternoon sightseeing activities (9 am to 4:30pm)

PROGRAM 2 / August 10 to August 28 (in class)

- Week 1 - Intensive ESL (9 am to 3 pm)
- Week 2 - Intensive ESL (9 am to 3 pm)
- Week 3 - Morning ESL + Afternoon sightseeing activities (9 am to 4:30pm)

Please see <https://www.godelta.ca/programs/summer-programs/> for more specific information.

Costs

- Registration fee: \$150 (non-refundable) \$ _____
- Medical fee: \$100 for 3 weeks \$ _____
- Homestay placement fee: \$150 (non-refundable) \$ _____
- Homestay fee: \$900 for 3 weeks \$ _____
- Program fee: \$2,350 for 3 weeks \$ _____
(including transportation and admission fees for activities)
- **Total Due** \$ _____

Students can not arrive in homestay prior to the dates indicated at the top of the page. If not continuing our academic program in September, students must also depart on the program departure date.

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

**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>**