

School District No. 43 (Coquitlam) INTERNATIONAL STUDENT APPLICATION

- PLEASE USE CAPITAL LETTERS -

STUDENT INFOR	MATION	Application Date:				
Student's Legal Name	(as stated on p	assport)				
Surname (Family name	ne) Given Names			English Name (if applicable)		
Birth date:	Month	Year	Age:	Male [☐ Female ☐	
When would you like to	o begin?	☐ September 2016 ☐ January 2017 (E		☐ February 2017 ☐ Other:		
Grade Request:	(placemen	nt by year of birth)	Citizenship	·		
Sibling Already in Atte	ndance: 🛭 N	o □ Yes:	Name	Scho	ool	
PARENT INFORM	ATION					
Father's Name:	Surname	Given Names	Mother's Na	Surname	Given Names	
Cell phone: ()			Cell phone:	_()		
Email:			Email:			
Social Media:			Social Medi	a:		
Correspondence in En	glish:	☐ Yes ☐ No	Correspond	lence in English:	☐ Yes ☐ No	
Permanent Address: (Home Country)	Street Add	ress	City		Province/State	
	Country		Postal Code	Area Code	Home phone No.	
CUSTODIAN INFO	ORMATION					
Custodian: In Coquitlar	n Area					
Students under the age of 12 must reside with		Name		Home	Telephone No.	
parent(s). High school students not with a parent		Street Address			Mobile No.	
must have submitted both notarized custodianship papers prior to final		City/Postal Code		Work	Telephone No.	
acceptance by the School District.		Relationship to Student		 Email		

LIVING ARRAN	GEMENTS				
☐ I will live with my parent(s) ☐ I require Homestay arrangements to be made for me (Please note: student's name will be referred to a separate agency for Homestay) ☐ I will arrange Homestay ☐ I have made the following tentative arrangements with my parent and/or custodian:					
District Program. Any change living arrange	student resid ments while ir es new studer	ing independent f n our program, muts, who later in th	rom one of our c ust submit a writt e application - a	ertified Homestay a en request to our de rrival process, amer	of enrollment in the Coquitlam School agencies and requesting approval to epartment, no less than 30 days in and their initial request to utilize our
Student's Address:					
(While in Coquitlam)			Name		Relationship to Student
		Stre	eet Address		Home Telephone no.
		City/I	Postal Code		Email
ACADEMIC INF			*Please encl	ose a photocopy of you	er current study permit (if applicable)
School	Name		Location	Grade	9 digit BC PEN # (if applicable)
Which schools woul		to attend in Coq	•	t three in order)	
					ol of choice is not always possible. hool Board reserves the right to
3.				determine final pla	e e e e e e e e e e e e e e e e e e e
Language spoken at	home:		Other Lan	guages:	
	ents are recon ourse placem	nmended to subment leading to me	eting the gradua	tion requirements fo	as part of their application. This will or a BC high school diploma in a
Reading: Lis	stening:	Speaking:	Writing:	Total:	
program. Vacations	regular atter should be an rogram and/o	ndance is consid ranged during so or school calend	ered a basic be	and breaks, depart going illness requi 	tion to be in good standing in our ture dates will be arranged for tres medical documentation, and s, I understand

□ No	• •			
explain:				
dent take any me	dications?	No If so, please list: _		
hear about the	Coquitlam School Distri	ct's International Educa	tion Program?	
OT SA	/T: 1 1		/C 'h	
		e)	(E-mail)	
following requi	red items:			
Application fee	of \$300.00 CDN. NON-RI	FUNDABLE		
Copy of studen	t identity document show	ving full legal name (pa	ssport, birth certificate, ID card,	etc.)
	TERM	S OF AGREEMENT		
n regular class a e program. I und os may be used f chool District No hout tuition refur ws of BC and/or on s, teachers, and on regarding the	ttendance, completion of a erstand that my child's photor educational advertisement 43 (Coquitlam) reserves the for violating school rules Canada. I therefore agree the students of School Disapplicant's ability to be supplicant.	Il homework and assignment of will be taken throughout on the future. I acknow the right to dismiss studer of the district code of concept of the code	nents, and participation in all activit ut the program for educational purp owledge that the International Educational educational educational educational return them home, at their duct, School District Policy & Procesegulations, and cooperate with It is also understood that failure to	poses and cation own dure, disclose
expenses you ma	ay incur as a result of the E			
Parent's Si	gnature	_	Agent's Signature	
Date (M/D/Y)		Student's Signature	
ol District No. 4 RNATIONAL ED Winslow Avenu itlam, British C da V3J 2G3 il: internationa	3 (Coquitlam) UCATION PROGRAM e, olumbia,		Attach Photo	
	which may prevend No explain: dent take any medent have any prevendent have a social Media following requirements following requirements and the English by school stamp. that a successful an regular class are program. I und the english by school bistrict No. Hout tuition refunds of BC and/or (as, teachers, and the international mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of expenses you may be used for the International mental condition of the International mental condition	which may prevent this applicant from bein No explain: dent take any medications? Yes dent have any pre-existing health conditions explain: hear about the Coquitlam School District (Name of Agent) (Telephon Social Media Other: Social Media Other: Copy of student identity document show All *original report cards (including teac into English by Official Translator. *Not school stamp. TERM: that a successful experience in the Internation regular class attendance, completion of a program. I understand that my child's phose is may be used for educational advertiseme chool District No. 43 (Coquitlam) reserves thout tuition refund for violating school rules we of BC and/or Canada. I therefore agree is, teachers, and the students of School District No. 43 (Coquitlam) reserves the international Education program, without tuition refund for violating school rules were shout tuition refund for violating school rules were shout to be suggested to be suggested by the suggested of the suggested of the Board of Education of expenses you may incur as a result of the Education of the Board of Education of the Board of Education of expenses you may incur as a result of the Education of the Board of Education of expenses you may incur as a result of the Education of the Board of Education of expenses you may incur as a result of the Education of the Board of Education of expenses you may incur as a result of the Education of the Board of Education of expenses you may incur as a result of the Education of th	which may prevent this applicant from being successful in a regular No explain: dent take any medications? Yes No If so, please list: dent take any pre-existing health conditions or allergies? Yes explain: dent have any pre-existing health conditions or allergies? Yes explain: dent have any pre-existing health conditions or allergies? Yes explain: dent have any pre-existing health conditions or allergies? Yes explain: dent have any pre-existing health conditions or allergies? Yes explain: dent have any pre-existing health conditions or allergies? Yes explain: dent have any pre-existing health conditions or allergies? Yes explain: (Name of Agent) (Telephone) dent of Agent) dent of A	dent take any medications?

APPLICATION PROCESS

- application form with application fee, copy of student identification showing full legal name, official transcripts for the current year and past two years submitted to International Education Office.
- applicant is screened for admittance into the International Education Program
- if accepted, initial Letter of Offer is mailed to applicant with Custodianship forms to be completed and a homestay information package (if requested)
- tuition fees and medical insurance are sent to International Education Office. Custodianship documents are sent if student not accompanied by parent.
- formal Letter of Acceptance is mailed to applicant
- student applies from abroad to the Canadian Embassy, Consulate or High Commission for Study Permit. Approval may take 3-12 weeks to process.

FEE SCHEDULE

Fee	Duration	Cost (Canadian \$) (Medical Premiums Subject to change)	
Application Fee	One time (non-refundable)	\$ 300.00	
Tuition Fee*	School Year Program	\$14,000.00	
Compulsory Medical Plan	12 months	\$ 1,000.00	

^{*}School activity fees are not included

FEE SHOULD BE:

- In a money order, certified cheque, bank draft, VISA or MASTERCARD and made payable to School District No. 43 (Coquitlam).
- Fees may be wired directly to the bank for School District No. 43 (Coquitlam):

ROYAL BANK OF CANADA

Coguitlam Town Centre

2885 Barnet Highway, Coquitlam, BC V3B 1C1

Contact: (604) 927-5555, Account Number: 000-002-6, Transit Number 01260

Swift: ROYCCAT2 Institution Number: 003

- Please specify the name of the student on the wire.
- Please do not use "direct deposit"

FEE DEADLINES: November 15th (January/February Start)
May 15th (September Start)

When payment is received by deadline date, space in School District No.43 is assured. After deadline date, space is on an availability basis.

APPLICATION FEE MUST BE INCLUDED WITH APPLICATION DOCUMENTS.

REFUND POLICY FOR TUITION FEES

All requests for refunds must be made in writing to the International Education Program, School District 43 (Coquitlam). Refund requests must include the original Letter of Acceptance issued by the International Education Program as well as relevant supporting documentation (e.g. letter from Citizenship and Immigration Canada).

FULL REFUND less application fee will be given if Canadian Immigration does not approve a student Study Permit. To obtain a refund, written requests should be received within six months of the date of refusal. Requests must include the formal letter of refusal from Canadian Immigration and the original Letter of Acceptance issued by the International Education Program.

2/3 REFUND will be given when a student withdraws or becomes a permanent resident prior to the starting date indicated on the Letter of Acceptance.

1/2 REFUND will be given when a student withdraws or becomes a permanent resident after the starting date indicated on the Letter of Acceptance but before 30 calendar days have elapsed.

NO REFUND will be granted to a:

- student who withdraws from any course after 30 days from the starting date indicated on the Letter of Acceptance;
- student who withdraws or becomes a permanent resident after 30 days from the starting date indicated on the Letter of Acceptance:
- student who withdraws from the program 30 days after the enrolment date;
- student who is dismissed from the program due to a breach of the law, policy or regulation as determined by the Government of Canada, the Police, School District No. 43 (Coquitlam), and/or the International Education Program.

All international students are required to pay for medical coverage as a condition of their acceptance in the International Education Program. All international students must report with their passport and Study Permit to the International Education Program offices upon arrival in our school district to apply for this coverage. The International Education office will forward medical premiums to the MSP office on the student's behalf provided that the student has a valid Study Permit or permission to attend school, and is enrolled as an international student in School District 43 (Coquitlam).

MEDICAL COVERAGE FOR INTERNATIONAL STUDENTS

Health Insurance B.C. – Medical Services Plan (MSP) will cover all international students after a three month waiting period. MSP coverage is required by law in B.C. for all B.C. residents. In order to activate this coverage, the international student must apply at this office with a passport and the current Study Permit upon arrival in B.C. At the end of the waiting period, MSP will mail a Care Card to the student. Once the student has a Care Card number, he or she will receive medical services in the same manner as all British Columbians. Each Care Card has an expiry date which is usually the same expiration date as the Study Permit. This is the date until when all students are eligible for coverage, not the date to when premiums have been paid. Premiums are paid by the International Education office to MSP on behalf of each international student while the student is enrolled in the program. When the student ceases to be part of the International Program, insurance benefits are then the responsibility of the student and parent/guardian. To renew the Care Card, students must provide the International Education office with a copy of the renewed Study Permit. Care Card benefits will end if coverage is not renewed by providing the International Education Department with the new student Study Permit. This must be done every year while the international student remains part of the International Program in School District 43 (Coquitlam).

During the three-month waiting period for MSP coverage, the school district purchases private medical coverage on behalf of all international students: guard.me www.guard.me. Upon arrival, each international student will receive an envelope from guard.me with an ID card, Policy and Claim Form. The international student must keep their ID card with them at all times and, in case of illness or injury, may visit any doctor. Some medical clinics will bill guard.me directly. If direct billing is not available, the student must pay the clinic directly and the doctor will complete the claim form including the doctor's stamp and signature. The international student must mail the completed and signed claim form together with all original receipts to guard.me Claims at the address outlined on the claim form. If the student is hospitalized, the student or hospital should contact guard.me immediately at the numbers listed on the reverse of their ID card (24 hour Emergency Procedures). Should you have any concerns or questions, please contact our office at 604-936-5769.

Students, parents and custodians are recommended to familiarize themselves with the *Insurance Policy for Emergency Healthcare* provided by guard.me for details regarding benefits, exclusions, emergency and claims procedures.