

International Student Application Form

Please attach a recent head and shoulder photo if available



Comox Valley
CHRISTIAN SCHOOL

2085 Wallace Ave.
Comox, BC, CANADA V9M 1W4

Email: office@cvchristian.com
Telephone: 250-339-1200
Fax: 250-339-1215
www.cvchristian.com

NOTE: THIS ENTIRE FORM IS TO BE FILLED COMPLETED BY THE APPLICANT'S PARENTS – PLEASE PRINT CLEARLY

1. Student Legal Name in full: (As in passport)			
First (underline name used)	Middle	Surname	
2. Address:			
Street		City	
Prov.	Postal Code		
3. Phone Number:	Fax Number:	Email Address:	
4. Birthdate:		Birthplace:	
yyyy/mm/dd		City	Country
5. Primary Language:			
6. Citizenship <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> On Student Visa <input type="checkbox"/>			
7. Name(s) of parent or guardian:			
Father's First Name		Father's Surname	
Mother's First Name		Mother's Surname	
8. Address: (If different from student)			
Street		City	
Prov.	Postal Code		
Phone ()			
9. Father's Occupation:			
Place of Business:		Phone: ()	
10. Mother's Occupation:			
Place of Business:		Phone: ()	
11. Emergency Contact Person in home country:			
Name		Phone ()	Email
12. Local Contact Person (if available) responsible for student in Canada:			
Name:		Relationship:	
Address:			
Street		City	
Prov.	Postal Code		
Phone ()		Fax ()	

13. Church attended by student/family: Pastor's Name:
14. How long does the student intend to study in Canada? 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> Other <input type="checkbox"/> Explain:
15. Full name and address of student's present school: Street _____ City _____ Prov. _____ Postal Code _____ Phone () _____
16. Type of school: Public <input type="checkbox"/> Private <input type="checkbox"/>
17. Name and address of last school attended in B.C. (if different than above) School Name _____ Street _____ City _____ Postal Code _____ Phone () _____
18. Grade the student is applying for:
19. Please list the student's interests and hobbies: _____ _____ _____ _____ _____ _____
20. Has the student had any overseas experience? If so, please provide details. _____ _____ _____
21. Does the student have any experience with English outside school studies? If so, please provide details. _____ _____ _____
22. Does the student have any academic difficulties? If so, please provide details. _____ _____ _____
23. Has the student repeated any grades? If yes, which grades and school years?
24. Does the student have, or has he/she experienced any social problems? If so, please provide details. _____ _____ _____
25. Is there anything else you wish to convey to the school? _____ _____ _____

Fees 2009/2010

Registration and Tuition fees are payable prior to receiving the official letter of acceptance. All funds are in Canadian dollars.

Application fee (non-refundable)	\$500 (a one time registration fee)	
Re-registration fee	\$150	
Tuition Fee	\$12,500	Includes: <ul style="list-style-type: none">▪ Integration with our students in all subject areas.▪ Busing on existing route.▪ One uniform set (3 CVCS tops, 2 CVCS bottoms, CVCS jacket).▪ All school activity and field trip fees.

Document Checklist

(Please ensure that all required information is enclosed with your application)

- Completed **Application Form** signed by both parents and student
- Copy of **Passport** and current **Student Authorization** (if available)
- All original plus officially translated copies of **transcripts** and/or **report cards** for the past two years
- Pastor's Reference** or **School Principal Reference**
- Registration Fee** (non-refundable) payable to: CVCS
- Guardian/Custodian** document (if available)
- If the student is 12 years or older, a **one page letter** written by the student telling us why he/she wants to study in Canada at Comox Valley Christian School.

We accept fax and scan copies to start processing you application.
Originals must be sent upon acceptance

A successful experience depends upon the student making his/her best effort in every area of school life. The School reserves the right to dismiss students and return them home, at the parent's expense, without tuition refund, for violations of the School's Code of Conduct and/or International Student Guidelines. Please read and sign.

Please notify **Comox Valley Christian School** of any changes of address, telephone or fax number.

1. _____
(Parent Signature)

Date: _____

2. _____
(Parent Signature)

Date: _____

3. _____
(Student Signature)

Date: _____

Refund Policy

- Full tuition refund, less application fee, if the Student Visa is not granted by Canadian Immigration (student must include original letter of rejection from Canadian Authorities), provided the student has supplied Canadian immigration with all requested documentation.

- 15% of the total program fee will be retained by the school if the student withdraws prior to the start of the program.

- One-half (1/2) of the paid tuition fees will be refunded if the student withdraws, for whatever reason, before 30 calendar days from the start of the program.

- No refund of paid tuition fees will be granted if the student withdraws, for whatever reasons, after 30 calendar days from the start of the program.

- No refund of paid tuition fees will be granted if the student is found in violation of school regulations and asked to withdraw from the school.

- The school has different tuition fees for local and international students. If any international student becomes a Landed Immigrant during the course of study, the lower fees will take effect when re-registering for the following year

I have read and understand the Refund Policy above. I agree that Comox Valley Christian School has the right to dismiss students and send them home at their own expense, without a tuition refund upon violation of the rules of conduct. I will also notify Comox Valley Christian School if there are any changes in my address, phone, fax number or email address.

Signature of Parent: _____

Student Expectations

Comox Valley Christian School is a Christian school where serious academic studies, good moral values, and a saving faith in Jesus Christ of the Christian faith as our Saviour are strongly emphasized. However, we do accept international student who are not Christians. They, like all other students, are expected to fully participate in our religious programs. Students must show respect to their teachers, fellow students, school and church staff, and school property. We realize that no one is perfect and will encourage any student who has difficulty adhering to certain aspects of our code of conduct.

Parent initial: _____

- Once a student has been accepted, the agent or contact person will be notified.
- Upon full payment of all fees, CVCS will issue the official "letter of Acceptance" (the registration fee is non-refundable)
- Please mail, fax, or email application form and required documentation to:

**Mrs. L. Alexander or Mr. R. DelBlanc
Administrative Assistants**

**Comox Valley Christian School
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Medical Information Form



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All information is kept confidential

STUDENTS' NAME: _____ BIRTHDATE: _____
yyyy/mm/dd

PARENT/GUARDIAN: _____

EMERGENCY CONTACTS: (please list two local people other than parents)

1. _____ Phone: _____

2. _____ Phone: _____

* Please note that all parents are required to arrange all medical insurance for all members of the family.

PERSONAL HEALTH NUMBER: _____

FAMILY DOCTOR: _____ Phone: _____

FAMILY DENTIST: _____ Phone: _____

PRIVATE INSURANCE COMPANY

NAME: _____

PRIVATE INSURANCE NUMBER: _____

Does the student have any medical problems of which we should be aware of i.e., heart condition, diabetes, asthma, allergies, etc?

In cases of asthma, epilepsy, etc., please give date of last attack: _____

Please fill in dates of all past immunizations, including those given by a doctor.

DPT (Diphtheria, Whooping Cough, and Tetanus) POLIO

1.	1.	Hemophilus Influenza B
2.	2.	Rubella
3.	3.	Measles (Rubella)
4.	4.	Mumps
Booster (due at school entry)	Booster (due at school entry)	MMR

You may have to contact your physician for a record if you do not have a copy of immunizations he/she has given your child. Please keep CVCS informed of any additional immunizations done after providing this record.

Please list names and birthdates of other children in the family:

Name: _____ Birthdate: _____
(yyyy/mm/dd)

Name: _____ Birthdate: _____
(yyyy/mm/dd)

Is the student currently taking any medication on a regular basis? Yes No

If yes, please provide the name(s) of the medication: _____

Will the student need to take this medication while at school? Yes No

If yes, please provide details: _____

Does the student have any known allergies? Yes No

If yes, please name allergies: _____

Symptoms that student has experienced during an allergic reaction are: _____

Has the student ever suffered an allergic reaction that has caused him/her to experience breathing difficulties, dizziness, fainting, or shock? Yes No

If yes, please provide details: _____

Has the student ever had need of oral (tablet or liquid) or injectable medication for an allergic reaction?

Yes No

If you have answered yes, please contact the school for an additional form.

Please rest assured that if the student is in need of assistance in a medical emergency, the school will attempt to inform you immediately. The student will, however, be promptly cared for whether or not we have been able to contact you. In the case of a medical emergency the school will attempt to contact you to pick up your child or for the direction as to what action to take. If you are unavailable, the emergency contacts will be notified. If the school is unsuccessful in reaching a contact person we will take action as deemed necessary and continue trying to make contact with the parents/guardians until successful.

Will you or any family member be applying for B.C. Medical? Yes No

If no, please explain: _____

Please use this space if there is anything else you want us to know about the student:
