



**Zion Lutheran School
International Student Program
2010/2011 APPLICATION FORM**

STUDENT INFORMATION

Legal Last Name: (Passport)	First Name:	Middle Name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date (m/d/y):	Current Grade Level:

FAMILY INFORMATION

Mother's Name:		Occupation:
Mother's Telephone: Home:	Work:	Email Address:
Father's Name:		Occupation:
Father's Telephone: Home:	Work:	E-Mail Address:
Permanent Mailing Address (Mother):		
City, Country		
Permanent Mailing Address (Father) (If different from above):		
City, Country		
While In Canada, Student Will Be Staying With: Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> (If custody agreement in place, a copy of legal documents must accompany this application.)		
Student's Address While In Canada		

GUARDIAN OR CONTACT PERSON IN CANADA (individual responsible for student while in country)

Guardian's Name:		
Guardian's Telephone: Home:	Work: Cell:	E-Mail Address:
Address:		

<p>FOR OFFICE USE ONLY (with application)</p> <p><input type="checkbox"/> Application Fee and deposit of one half of tuition</p> <p><input type="checkbox"/> Copy of Passport (student and/or parent/guardian)</p> <p><input type="checkbox"/> Translated Copies of last 2 years report cards</p> <p><input type="checkbox"/> Letter of Acceptance Issued _____</p>	<p>(prior to attending classes)</p> <p><input type="checkbox"/> Documentation to support medical insurance while in Canada</p> <p><input type="checkbox"/> Student Visa and/or signed declaration of status in Canada</p> <p><input type="checkbox"/> Remainder of Tuition and Signed Financial Commitment Form</p> <p><input type="checkbox"/> Copy of guardianship agreement (while in Canada)</p>
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EMERGENCY CONTACT PERSON (while in Canada, other than person above)

Name	Address, Phone Number	Relationship to Student

MEDICAL INFORMATION

Does the child have any of the following medical conditions:

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Attention Deficit Disorder |

Briefly explain the above condition:

Does the child have any other special health conditions/allergies/physical limitations or medications being taken?

Is the child able to participate in a full physical education program? YES NO

Are there any medications that your child may need to be administered during the school day?

YES NO

If yes, please explain: _____

STUDENT PROFILE

Last School Attended: _____ Grade: _____

Has the student repeated any grades? YES NO If Yes, Grade _____ Year _____

If yes, briefly explain these learning challenges: (This will assist in determining if the school can meet the student's learning needs)

Has the student been taught English as part at their previous schooling YES NO

What level of oral English language (speaking/listening) does the student possess?

Limited understanding Some understanding Fair understanding Good understanding

Does the student have any learning challenges? YES NO

Does the student have or any social or emotional challenges? YES NO (If yes, briefly explain)

Why do you want your child to attend our school?

Is there any other information that would help in better understanding this child? (strengths, interest, hobbies)

PERMISSIONS

I give permission for:

- My child to go on walking trips around the school and to local facilities (within 2 km).
- My child's photo to be taken to be used for newsletters, website or other promotional materials of ZLS.
- I certify that the facts contained in this application are true and complete to the best of my knowledge; and that I have read and agreed with all of the above.

YES NO
YES NO

Parent/Guardian Signature: _____

Important Registration Information

All students who wish to enroll must complete the application form in full before submission.

THE APPLICATION FORMS MUST BE ACCOMPANIED BY:

- One photocopy of the student's birth certificate or passport.
- Photocopies of the student's school transcript (report cards) for the previous 2 years including the current year to date. These are to be translated into English.

THE FOLLOWING DOCUMENTATION MUST BE GIVEN TO THE SCHOOL OFFICE BEFORE A STUDENT ATTENDS SCHOOL:

- Documentation to support private medical insurance or enrollment in BC Medical Services Plan.
- Documentation to support guardianship or custodianship in Canada, if student is not living with parents while in Canada.

Application Process

1. A family or representative submits a completed international student application for the school to review.
2. We process the application and request for additional documentation to be submitted including:
 - a. Photocopy of the student's birth certificate or passport
 - b. Photocopies of the student's school transcript (report cards) for the previous 2 years including the current year to date.
 - c. The registration fee (non-refundable) of \$100 per student.
3. Upon receipt of all the above documents that family will be notified by email or fax to the school's acceptance or rejection of the application.
4. Upon accept of the application the family must remit 50% of the tuition as a deposit and all other applicable fees.
5. The school will issue an official "Letter of Acceptance" which details the dates the students will be attending the school. (The family and student can take the Letter of Acceptance to Immigration Canada in their home country and apply for a study permit or student visa to enter Canada as a student registered in this school. Approval can sometimes take up to 2 months or longer.)
6. Upon arrival and prior to the first day of schooling, the family must remit the remaining 50% of tuition.
7. Before a student begins attending further documentation must be provided to the school including:
 - a. proof of private medical insurance and/or application for BC MSP
 - b. guardian /custodial consent if the student is not staying with his or her parents
 - c. copy of the student's VISA or study permit
 - d. copy of parent/guardian's VISA or study permit