Edmonton Catholic Schools
INTERNATIONAL STUDENT PROGRAM
Lumen Christi Catholic Education Centre 9405 - 50 Street NW
Edmonton, AB Canada T6B 2T4 Phone: 780-441-6080 Email: isp@ecsd.net

# STUDENT APPLICATION (Fillable Form)

## STUDENT INFORMATION

**Legal Name of Student**

Last Name

First Name

Middle Name

Date of Birth Month Day Year

**Gender:** ☐ Male ☐ Female

Religion _____

**Student Home Address**

Address

City

Province/State

Postal Code

Country

**Phone** (Country Code, Area Code, Number)

**Student Email**

Today's Date_____, 20_____

Projected Start Date_____, 20_____

**Intended Length of Program** ☐ One Semester ☐ Full Academic Year

**How did you find out about Edmonton Catholic Schools International Student Program?**

☐ Your current teacher ☐ Advertisement ☐ Student Fair ☐ Family or Friend ☐ Other (Explain):_____

**Country of Birth** _____ **Citizenship**_____

**School Preference** 1._____ 2._____

ECSD does not guarantee placement in choice of school desired. Placement will be done according to student's ESL needs and availability of space in the school.

**Status in Canada** ☐ Visiting Student - study permit ☐ Canadian Non Resident – parents living out of province/country

**For Office Use only – do not write in this space**

**Documents submitted:** ☐ Application ☐ Academic Records for 2 years ☐ Academic Reference ☐ Recommended grade placement: _____

**Student:** ☐ Accepted ☐ Provisional acceptance ☐ Not accepted Approved by:_____ Date: ____/____/_____

## ACADEMIC RECORDS / INFORMATION

Current Grade_____ Grades completed_____ Years of English language training_____

Level of English: ☐ Basic ☐ Intermediate ☐ Advanced

Language spoken at home_____ Language spoken at school_____

Fluent Languages: ☐ English ☐ French ☐ Other(Specify)_____

Are you working with an Agent? ☐ Yes ☐ No

Do you want us to send all documents and communications to your Agent? ☐ Yes ☐ No

**Name of Agency:**

**Contact Person:**

Last Name, First Name

**Phone** (Country Code, Area Code, Number)

**Email**

Address

City

Province/State

Postal Code

Country

## PARENT / CUSTODIAN / HOMESTAY INFORMATION

**Father's Name**

Last Name

First Name

Date of Birth Month Day Year

Occupation _____

**Mother's Name**

Last Name

First Name

Date of Birth Month Day Year

Occupation _____

Address

City

Province/State

Postal Code

Country

Email

Phone (Country Code, Area Code, Number)

Cell (Country Code, Area Code, Number)

Do one or both parents speak English? ☐ Yes ☐ No

**Custodian Contact Information in Edmonton**

Name

Address

City

Province

Postal Code

Country

Relationship to Student

Email

Phone (Area Code, Number)

Cell (Area Code, Number)

## PARENT/CUSTODIAN/HOMESTAY INFORMATION (continued)

Will you live with your custodian while in Edmonton? ☐ Yes ☐ No

If No, do you require Homestay through Canada Homestay International? ☐ Yes ☐ No

**If No, list who you will be living with and provide address information**

Name _____ Address _____

City _____ Province _____ Postal Code _____ Country _____

Relationship to Student _____ Email _____

☐☐☐ ☐☐☐ – ☐☐☐☐☐ Phone (Area Code, Number)

☐☐☐ ☐☐☐ – ☐☐☐☐☐ Cell (Area Code, Number)

## STUDENT'S HEALTH INFORMATION

Do you have any severe or life threatening allergies (for example: food, medication)? ☐ Yes ☐ No
If YES, please specify:

Do you have or have had any medical or mental health issues or conditions or take any medications? ☐ Yes ☐ No
If YES, please specify:

Do you have any special learning or physical needs? ☐ Yes ☐ No If YES, please specify:

I understand that my child is applying for regular programming with Edmonton Catholic Schools and that ESL (English as a Second Language) support is available, if required.

Do you have any perceived or confirmed behavioral concerns, social integration difficulties or history of criminal behaviors?
☐ Yes ☐ No If YES, please specify:

Please be informed that all students must carry full health insurance offered by the District to participate in ECSD programs.

## THE PARENT MUST COMPLETE THE FOLLOWING SECTION:

- I understand that the International Student Program does not support international students driving motor vehicles during the time they study with Edmonton Catholic Schools.
- I understand that students are expected to follow division and school rules and if unable to do so, will be required to return home. A refund will not be issued.
- I declare that my child has no history of criminal behavior, sexual impropriety or mental health issues.
- I am aware that as part of the school curriculum, my child may participate in field trips outside of the school.
- ECSD is not liable for losses/expenses incurred as a result of ECSD being unable to provide education owing to labour disputes, inclement weather or other causes beyond its control.
- I hereby waive, release, absolve and agree to indemnify and save harmless Edmonton Catholic Schools, all school and board officials, employees, agents, volunteers, and representatives or any of them from all liability arising from my child's participation in the educational program except such as results solely from its or their willful neglect of willful default.
- I certify that all the information provided on and within this application is complete, factually accurate, and honest. Failure to disclose all information may result in immediate dismissal.

Signature of Parent_____ Date_____