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

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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: ____/____/_____

www.ecsd.net/international

Oct 2022

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: _____

_____ _____

Phone (Country Code, Area Code, Number) Email

_____ _____

Address City

_____ _____ _____

Province/State Postal Code Country

PARENT / CUSTODIAN / HOMESTAY INFORMATION

Father's Last Name: _____ First Name: _____

Date of Birth: ____ ____ _____ Occupation: _____

Month Day Year

Mother's Last Name: _____ First Name: _____

Date of Birth: ____ ____ _____ Occupation: _____

Month Day Year

_____ _____

Address City

_____ _____ _____

Province/State Postal Code Country

_____ _____

Phone (Country Code, Area Code, Number) Email

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

Custodian Contact Information in Edmonton

Name: _____

_____ _____

Address City

_____ _____ _____

Province/State Postal Code Country

_____ _____

Phone (Country Code, Area Code, Number) Email

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: _____ Relationship to student: _____

_____ _____

Address City

_____ _____ _____

Province/State Postal Code Country

_____ _____

Phone (Country Code, Area Code, Number) Email

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, If ☐ No
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 Division 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_____