



Short Term Program Application Form

Personal Information

Name: _____
Family Name Given Name

Date of Birth: ____/____/____ Age: ____ Language Spoken: _____
Day / Month / Year

Gender: Mr. Ms. Nationality: _____

Photograph

Address: _____
(Home) Street City Province / State Postal Code Country

Telephone Fax Email Emergency Contact: _____
Name Telephone

Address: _____
(Contact) Street City Province / State Postal Code Country
(in Canada)

Telephone Fax Email Emergency Contact: _____
Name Telephone

School or Occupation: _____

All students attending programs at NWSD are required to have medical insurance.

- I am going to provide my own insurance
 I would like the school to arrange my medical insurance

Copy of Passport for Proof of Age is required.

- Enclosed
 Will be forwarded

Choice of Program

Study Tour Programs: Summer Study Tour Academic English Intensive Program
 Customize Program

Length of Study: _____ For _____ Weeks
Start Date End Date

English Ability: Low Beginner High Beginner Intermediate Upper-Intermediate Advanced

Arrival Information

Arrival Date: Intended Confirmed

Arrival Date: ____/____/____ Arrival Time: _____ Airline: _____ Flight Number: _____
Month / Day / Year

Departure Date: Intended Confirmed

Departure Date: ____/____/____ Departure Time: _____ Airline: _____ Flight Number: _____
Month / Day / Year

Airport pick up required? Yes No

Departure drop off required? Yes No



Homestay Information

Do you require Homestay arrangements to be made? Yes No

1. I am: Friendly Shy Serious Fun Adventurous Outgoing Reserved Other _____
2. Are there any pets you do not like? _____
3. What are your hobbies and interests? _____
4. Do you play a musical instrument? _____
5. What are your career goals? _____
6. What foods do you like? _____ What foods do you dislike? _____
7. Is your diet restricted in any way? _____
8. Do you have allergies to food, animals, plants, medicine, or anything else? _____
9. Do you have any important medical conditions? _____
10. Do you smoke? _____ Can you live with someone who smokes? _____
11. Do you have any special needs to be provided in your homestay? (Please specify) _____
12. If possible, I would like to share my room with (Friend's Name) _____

***Please note that each student will have their own bed, with a maximum of two students per room. A private room cannot be guaranteed.**

***Homestay changes are subject to the approval of the Homestay Manager. Changes may be subject to a replacement service fee of \$50.00.**

13. My Family Members: (Not Applicable for TESOL Applicants)

| Name | Relationship | Age | Occupation |
|------|--------------|-----|------------|
| | | | |
| | | | |
| | | | |
| | | | |

Please enclose two pictures of yourself for your Homestay family.

Student or family email address: _____

Signature

I have read the information provided by the New Westminster School District and agree to follow all the guidelines provided by the School District. I realize that if I violate any of the guidelines I may be asked to leave the program at my own cost. I declare that the above information is correct and complete to the best of my knowledge. I have read and understood everything on this form.

_____ / / _____
Student Signature Parent Signature Date (Month) (Day) (Year)



How Did You Hear About Our Program?

How did you hear about the New Westminister School District? Canadian Embassy Education Fair
 NWS D Website Guidebook Advertisement Friend or Relative
 Agent _____ Other (please specify) _____

Payment Options

Payment may be made by money order, certified cheque, wire transfer, or credit card. (If paying by Credit Card, an additional 2.5% will be charged on the total.)

1. Certified Cheque or Money Order: Please make it payable to New Westminister School District Number 40.
2. Bank Transfer: Please note that you are responsible for paying any bank charges associated with the transfer.
Bank Name: Bank of Montreal, S.W.I.F.T. BIC CODE: BOFMCAM2
Account Holder Name: School District No.40 (New Westminister) International Education Program
Account Number: 07328023806
Bank Address: #125 - 610, 6th Street, New Westminister, BC
Transit / Branch Number: 07320

Payment By Credit Card

Name of Student _____

Program Choice
 Summer Study Tour Academic English Intensive Program
 Customized Program

Credit Card Selection
 VISA Mastercard

Credit Card # _____ Name on Credit Card _____

Expiry Date _____ Total Amount to be Charged _____

Signature _____

REFUND POLICY FOR SHORT-TERM PROGRAMS

All applications for refunds must be made *in writing* and addressed to the International Education Programs office of the New Westminister School District. Calculations for refunds will be made based upon *date of receipt* of written notification.

Intensive English Preparation Program, and Integrated Short-Term Program:

- Full Refund if application for Student/Visitor Visa is rejected.
- 2/3 Refund if withdrawal occurs more than 14 days before the scheduled start-date of the program.
- 1/2 Refund if withdrawal occurs less than 14 days before the scheduled start-date of the program.
- No Refund if withdrawal occurs after the scheduled start-date of the program.

All Other Short-term Programs:

- Full Refund, subject to an administrative charge of 10% of the Total Fees Payable, if application for Student/Visitor Visa is rejected.
- 2/3 Refund if withdrawal occurs more than 30 days before the scheduled start-date of the program.
- 1/2 Refund if withdrawal occurs more than 14 days before the scheduled start-date of the program.
- No Refund if withdrawal occurs less than 14 days before the scheduled start-date of the program.



Activities Authorization

This form is to authorize students to participate in a short-term program (“Program”) run by the International Education Program of the New Westminister School District.

Student:

I, _____ understand that I must follow all school and Program rules and regulations while I am participating in Program activities.

Student Name (print)

I have read and understood the above statement, and agree to it.

Parent / Legal Guardian:

I, _____ understand that _____ must follow all school and Program rules and regulations while participating in Program activities. I give

Parent / Guardian Name (print)

Student Name (print)

_____ permission to participate in all activities. I understand that Program

Student Name (print)

activities may involve risk of accident and / or injury, and I agree not to hold the New Westminister School District liable for any such injury or accident, regardless of fault. I understand that New Westminister School District staff may take photographs of the international students during Program activities, and I give permission for those photographs to be used for publication by the New Westminister School District.

I have read and understood the above statements, and agree to them.

IMPORTANT: THIS MUST BE SIGNED BEFORE YOUR APPLICATION IS CONSIDERED COMPLETE.