



Summer School Application Form

Student Number: _____

Name: _____
Family Name Given Name Called Name

Course Name

- ESL 1.5/2.0 (Beginner to Intermediate) English Language Development (ELD)
 ESL 2.5/3.0 (Intermediate to Advanced) Social Studies 10 IDS

Counsellor Approval: _____

I have read the information provided by the New Westminister 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/Guardian Signature Date (Year) (Month) (Day)

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.)

- Cheque, Bank Draft or Money Order: Please make payable to **New Westminister School District Number 40**.
- 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

Credit Card Type VISA MASTERCARD

Credit Card # _____ Name on Credit Card _____

Expiry Date _____ Total Amount to be Charged _____

Signature _____



REFUND POLICY FOR SUMMER SCHOOL PROGRAMS

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

Summer School Program:

- Full Refund if application not accepted or if counsellor permission not granted.
- 80% 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.

Activities Authorization

This form is to authorize students to participate in a summer programs (“Program”) run by the International Education Program of the New Westminster 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.

_____ Student Name (print)

_____ Student Name (signature)

_____ Date

Parent / Guardian:

I, _____ understand that _____ must follow all school and Program rules and regulations while participating in Program activities. I give the student named here permission to participate in all activities. I understand that Program activities may involve risk of accident and / or injury, and I agree not to hold the New Westminster School District liable for any such injury or accident, regardless of fault. I understand that New Westminster 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 Westminster School District.

Parent / Guardian Name (print)

Student Name (print)

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

_____ Parent / Guardian Name (print)

_____ Parent / Guardian Name (signature)

_____ Date