



APPLICATION TO ATTEND ELEMENTARY/MIDDLE SCHOOL

- A. Thank you for your interest in our program. To ensure the immediate processing of your application, please answer all questions and provide the following items:
- All original or certified true copies of transcripts or school records from current year and previous two years (in English);**
 - Application fee of Cdn\$150.00 (non-refundable);**
 - A current photograph;**
 - A confidential letter of reference from the teacher or the principal of the current school (local transfer students only);**
- B. PLEASE PRINT CLEARLY IN PEN.
- C. If you require any assistance, please contact our office.
- D. Please return completed application form to:

**General Manager
International Education Program
School District No. 40 (New Westminster)**

835 Eighth Street
New Westminster, B.C. V3M 3S9
CANADA

Phone: (604) 517-6285
Fax: (604) 517-6170

“Your Foundation for Success”

1. STUDENT INFORMATION

Date of Application: _____, 200 ____

Photograph

a) I am applying to start school in _____ / _____
(month) (year)
for 12 months ____ or 6 months ____.

b) Name:

Family Name

First Name

Middle Name

English Name (if applicable)

c) Birthdate: _____ Age: _____
Day Month Year

d) Sex: ____ Male ____ Female

e) Languages Spoken: _____

f) Name of Parents:

Family Name

Name of father

Name of mother

Company Name (Father)

(_____) _____
Telephone (Office)

(_____) _____
Fax (Office)

Company Name (Mother)

(_____) _____
Telephone (Office)

(_____) _____
Fax (Office)

g) Overseas Address:

Street

(_____) _____
Telephone (Home)

City

(_____) _____
Fax (Home)

Country

E-Mail address

h) Address in Canada to be used during application process (if applicable):

Street

(_____) _____
Telephone

City

(_____) _____
Fax

Province

Postal Code

"It is a fundamental condition of the Board of School Trustees of School District No. 40 (New Westminster) agreement to provide your education that the Board shall not be liable for losses or expenses that may incur as a result of the Board being unable to provide education owing to labour disputes or other causes beyond its control."

5. Refund Policy for Tuition Fees

- a) All requests for refunds must be made **in writing** to the General Manager, International Education Program Office.
- b) **A full refund** (less application fees) will be given if Canadian Immigration does not approve a student authorization.
 - To obtain a refund, a request in writing must include a formal Letter of Rejection and the original Letter of Acceptance issued by the International Education Program Office, New Westminster School District No. 40. The letters should be received by the General Manager within six months of the date of refusal.
- c) **2/3 refund** when a student withdraws or becomes a landed immigrant prior to the commencement of the program.
- d) **1/2 refund** when a student withdraws or becomes a landed immigrant after commencement of the program but before 30 calendar days have elapsed.
- e) **No refund** will be granted to:
 - Student who withdraws from any course after 30 days from the commencement of the program.
 - Student who withdraws or becomes a landed immigrant after 30 days from the commencement of the program.
 - Student who withdraws after 30 days after enrolment date.
 - Student who is dismissed from the program due to breach of the law or regulation as determined by Government of Canada, the Police, the New Westminster School District No. 40, and/or the International Education Program.

6. School Placement for Elementary & Middle School Students

Please indicate below 3 choices for school placement in order of preference. New Westminster School District cannot guarantee placement in your first choice.

First choice: _____

Second choice: _____

Third choice: _____

*** Please tell us how you heard about our program:**

My sister/brother is a student in New Westminster School District. Education fair in your home country

Canadian Education Centre in your home country Canadian Embassy / Consulate

Local Newspapers Relatives / Friends Others (Please specify) _____

Agency:

Company Name _____

Contact Person _____ Email _____

Tel _____ Fax _____