



Short Term Program Application Form

Personal Information

Name: _____
Family Name Given Name

Date of Birth: ____/____/____ Age: ____ Language Spoken: _____
Month / Day / 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: City Camp Outdoor Adventure & City Camp Academic English Intensive
 Children's Camp TESOL Workshop Series Integrated Short-Term

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
 City Camp Outdoor Adventure & City Camp Academic English Intensive
 Children's Camp TESOL Workshop Series Integrated Short-Term

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.