



Application for academic year:

Agent / Referral Information

Name of agent or person making referral
If Agent, Name of Agency
E-mail Address of agent or person making referral

Student Information

Legal Surname as appears on passport	Legal Given Name(s)	Canadian Name (if desired)	
Current Mailing Address			
City/Town	Province/District/State	Postal Code/Zip Code	Country
E-mail address		Home Phone including country code and city code	
Gender Male Female		Date of birth (dd/mm/yyyy)	
Citizenship		Language spoken at home	
Religious affiliation (if any)			

Program Information

School grade for which applying:	
Program (length of stay):	
If Short Stay (less than one semester), specify months preferred:	

If the student intends to stay for longer than one semester, the student should obtain a Study Permit from the Canadian Embassy of the student's home country.

Father's Information

Family Name	Given Name(s)		Date of Birth
Home Address			
City/Town	Province/District/State	Postal Code/Zip Code	Country
E-mail address		Telephone number including country code and city code	
Citizenship	Occupation	Religion	

Mother's Information

Family Name	Given Name(s)		Date of Birth
Home Address			
City/Town	Province/District/State	Postal Code/Zip Code	Country
E-mail address		Telephone number including country code and city code	
Citizenship	Occupation	Religion	

Are the student's parents separated or divorced?

Yes

No

If yes, for how long?

Sibling Information

Name	Age
Name	Age

Is any member of the student's family a former student of one of the Catholic Independent Schools of Nelson Diocese?	Yes	No
If yes, please note the student's name and the school attended		

Change of Information

Please notify the Director of International Education of any changes of address, telephone, or e-mail address.

Medical Alert Information Questionnaire

Student Name	Date of Birth	Today's Date
--------------	---------------	--------------

Indicate with a check mark (✓):

NO KNOWN MEDICAL CONDITIONS

Emergency and/or Potentially Life-Threatening Conditions

Diabetes

Epilepsy

Serious Heart Condition:

Haemophilia

Seizure

Severe Asthma causing:

 Extreme difficulty breathing

 Uncontrollable coughing

 Wheezing not relieved with medication

Anaphylaxis and/or history of
severe allergic reaction to:

Causing symptoms such as:

 Hives

 Difficulty breathing

 Swelling

 Throat tightness/closing

 Fainting/loss of consciousness

Specify others:

Non-Emergency Conditions

Mild Allergies (controlled with medication)

Anorexia

Mild Asthma (controlled with medication)

Cancer

Depression (treated with medication)

Dyslexia

Migraine Headache

Narcolepsy

Medication allergy (e.g. antibiotics)

Schizophrenia

Lupus

Hyperactive condition (treated with Ritalin)

Aggressive condition

Hearing impaired

Visually impaired

Physical disability

Specify others:

Has the student ever required emergency care in a hospital
for a severe allergic reaction?

Yes No

Has the student been prescribed an EpiPen?

Yes No

If yes, where is it kept? _____

Other conditions which may require emergency care (please describe):

Academic Information

List the last two schools the student attended starting with the most recent.

<i>School</i>	<i>Grade(s)</i>	<i>Location</i>	<i>Dates of Attendance</i>

Has the student repeated any grades?

Yes

No

If yes, specify the grade(s) _____ and the year(s) _____

English Competence:

Students must have a basic proficiency in speaking and understanding of the English language.

How long has the student been studying English? _____

Please rank the student's abilities:

	<i>Low</i>	<i>Intermediate</i>	<i>Advanced</i>	<i>Fully Fluent</i>
Speaking				
Writing				
Reading				
Listening/Comprehension				

Graduation and Revalidation of Grades:

Does the student plan to graduate in British Columbia?

Yes

No

Is the student auditing?

Yes

No

Is the student in need of revalidation of grades for home country?

Yes

No

(If yes, an additional fee will be charged.)

Please attach the following:

- a copy of the school transcripts
- last two (2) report cards
- recommendation letters from the last School Principal and English Teacher of the student.

Accessibility Services Information Form

(to be completed by all new students)

Students with diverse abilities may require additional support and accommodations to enable them to access and participate in educational programs. To provide an inclusive education experience in which students with diverse abilities are fully participating members of a community of learners, Immaculata must be aware, in advance, of any additional supports that may be required by our students.

Please read this section carefully and ensure the information you provide is complete and accurate. Missing, omitted, or inaccurate information may affect your child's enrollment at Immaculata.

Name of Student

1. Ministry Designation and/or Diagnosis

Does your child currently have a diagnosis that impacts his/her learning?
(see table below)

Yes

No

If yes, please indicate by checking off which designation(s) apply. *Out-of-province students, please check off all applicable diagnoses.*

Ministry Designation	Out-of-Province Students	Description
A		Physically Dependent (multiple needs)
B		Deaf-Blind
C		Moderate to Profound Intellectual Disabilities
D		Physical Disability or Chronic Health Impairment
E		Visual Impairment
F		Deaf or Hard of Hearing
G		Autism Spectrum Disorder (ASD)
H		Students Requiring Intensive Behaviour Intervention or Students with Serious Mental Illness
K		Mild Intellectual Disabilities
P		Gifted
Q		Learning Disabilities (Dyslexia, Dyscalculia, etc.)
R		Students Requiring Moderate Behaviour Support or Students with Mental Illness
		Other Diagnosis: Any other diagnosis current or pending that does not qualify for a Ministry designation (i.e., including, but not limited to ADD, ADHD, auditory processing, sensory, etc.)

If your child does not have a formal diagnosis for any of the above, please specify below whether a recommendation, suggestion, referral, and/or assessment (completed or in process) was made for either any of the above diagnoses or for another reason by either a school or medical doctor:

--

2. Assessments

Has your child undergone any of the assessments in the table below?

Yes

No

If yes, please check all that apply:

<input type="checkbox"/>	Level B School Based (informal) i.e., WIAT, BASC, Woodcock-Johnson, or Other:
<input type="checkbox"/>	Autism (ICAHN/BCAHN)
<input type="checkbox"/>	Psychoeducational Assessment (Level C assessment), with or without social emotional screening assessment
<input type="checkbox"/>	Other (ADHD, mental health screening assessment/tool, etc.):

Please provide details of all assessments either suggested, pending, or completed by your child's previous or current school, GP, pediatrician, psychiatrist/psychologist, or other medical/healthcare professional.

--

3. Support Plans

Does your child have any academic support plans in place?

Yes

No

If yes, please check all that apply (current, previous and/or drafted):

<input type="checkbox"/>	Individualized Education Plan (IEP)
<input type="checkbox"/>	Accommodations Checklist
<input type="checkbox"/>	Positive Behaviour Support Plan
<input type="checkbox"/>	Other:

Please provide details and copies of any support plans in place for your child, including dates and whether the plan(s) are complete or in process. Indicate whether a suggestion, referral, and/or assessment (completed or in-process) was made by either a school or medical doctor.

--

4. Mental Health

Has your child been diagnosed with any mental health conditions and/or are there any concerns about your child's mental health?

Yes

No

If yes, please check all that apply:

<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Depression
<input type="checkbox"/>	Mood Disorder
<input type="checkbox"/>	Personality Disorder
<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Accessed Counselling Services (in-school or out-of-school)

Please provide details of all mental health conditions and/or concerns. Indicate whether a recommendation, suggestion, referral, and/or assessment (completed or in-progress) was made for any of the above by either a school or medical doctor:

--

5. Behaviour

Are there any issues or concerns regarding your child's behaviour?

Yes

No

If yes, please check all that apply:

<input type="checkbox"/>	Expulsion
<input type="checkbox"/>	Suspension
<input type="checkbox"/>	Disciplinary History (please disclose in detail below)
<input type="checkbox"/>	Attendance/Absenteeism
<input type="checkbox"/>	Difficulty remaining in class (half-days at school, reintegration plan, full or partial removal from class)
<input type="checkbox"/>	Difficulty fully integrating into the classroom environment
<input type="checkbox"/>	Prolonged absences (more than 15 days)
<input type="checkbox"/>	Alcohol, Drugs, Vaping

Please provide details of all behaviour issues or concerns. Indicate whether a recommendation, suggestion, referral, and/or assessment (completed or in-process) was made for any of these by either a school or medical doctor:

--

6. Academics

Are there any issues or concerns regarding your child's academics?

Yes

No

If yes, please check all that apply:

<input type="checkbox"/>	Second language exempt / has not previously taken a second language
<input type="checkbox"/>	My child receives regular programming
<input type="checkbox"/>	My child is on an adapted program
<input type="checkbox"/>	My child is on a <u>fully</u> or <u>partially modified</u> program (not working at grade level)
<input type="checkbox"/>	My child receives accommodations / classroom adaptations
<input type="checkbox"/>	My child has a Learning Support Plan (IEP / Accommodations Checklist)

Please provide details of all academic issues or concerns. Indicate whether a recommendation, suggestion, referral, and/or assessment (completed or in-process) was made for any of these by either a school or medical doctor:

--

7. History of Ministry Services and/or Outside Services Involvement

Has your child been involved with, either currently or previously, any of the government ministries listed below? (Answer "yes" if you have been referred and/or are awaiting services.)

Yes

No

If yes, please check all that apply:

What Year(s) or Ongoing?

<input type="checkbox"/>	Ministry of Child and Family Development (MCFD)	
<input type="checkbox"/>	Child and Youth Mental Health (CYMH) counselling services / other	
<input type="checkbox"/>	Child and Youth with Special Needs (CYSN)	
<input type="checkbox"/>	Counselling (private, through the ministry, or at The Foundry)	
<input type="checkbox"/>	Other (please specify):	
<input type="checkbox"/>	Community support programs/resources (provide details below)	
<input type="checkbox"/>	Occupational Therapy, Speech Language Therapy, In-School Counselling	

Please provide details of all involvement with ministry services. Indicate whether a recommendation, suggestion, referral, and/or assessment (completed or in-process) was made for any of these by either a school or medical doctor:

--

International Experience

Has the student lived away from home without his/her parents before? Yes No

If yes, for how long? _____ Where? _____

What kind of trip?

School trip

Sports team

Grandparents/Relatives

Other: _____

Student's Interests

List the student's interests in sports and other hobbies and activities in which he/she would like to be involved:

Soccer

Basketball

Volleyball

Tennis

Football

Rugby

Golf

Swimming

Hockey

Track & Field

Skating

Ice Skating

Biking

Hiking

Camping

Gymnastics

Downhill Skiing

X-Country Skiing

Snowshoeing

Working Out at the Gym

Other, specify: _____

Hobbies and Activities:

Movies

Photography

Reading

Board Games

Music

Singing

Dance

Drawing/Painting

Sewing/Fashion

Crafts

Shopping

Ceramics/Sculpture

Video Games

Web search/
social media

Other, specify: _____

Housing

Select one:

Legal Guardian's Information

If you selected that you will reside with your parent(s)/guardian(s), complete this section. The Legal Guardian is a local contact person responsible for the student while in Canada.

Family Name		Given Name	
Home Address			
City/Town	Province	Postal Code	
E-mail address		Telephone number	
Citizenship	Occupation	Religious Affiliation	

Homestay Placement

If you selected that you require a homestay, please complete the homestay section on the next page.

Student's Independent Living Skills

All students, whether living with a homestay or with parent(s)/guardian(s), must have adequately developed independent living skills. Check all that apply:

Personal Care: includes dressing, showering, grooming and practising good hygiene;

Cleanliness and Organization: includes making one's bed every day, taking out garbage, maintaining a tidy living space, vacuuming, wiping, dusting and washing bedding, etc.;

Effective Communication: includes reporting and informing adults in charge such as school staff and/or homestay family in advance of one's whereabouts; also includes having a Canadian cell phone number with service at all times;

Food Preparation: includes basic cooking skills to prepare healthy lunches, store food safely;

Clothing Care: includes ability to launder clothing and purchase clothing required for changing seasons;

Money Management: includes knowledge of Canada's currency and ability to budget expenses;

Basic Safety: includes ability to navigate the city and understand directions.

Information for Homestay Placement

Household Preferences

No preference

Two-Parent family, with children:

Under age 19

School-aged children

Under age 8

Attending the student's school

Family with no children, older children, and/or grown-up children not living at home

With pets

No pets

Pet allergies, specify: _____

Would you live in a home where somebody smokes?

Yes

No

Religious Practices

What is the student's religious affiliation or faith practice (if any)? _____

Does the student wish to attend weekly services?

Yes

No

If yes, describe (e.g., Catholic mass, etc.): _____

Dietary Restrictions

Vegetarian

Gluten-Free

Vegan

Other: _____

Allergies, specify: _____

No restrictions

Likes: _____

Dislikes: _____

Health and Medical

Does the student require any ongoing medical treatment or regular medication?

Yes

No

If yes, provide details of how many times a day and on what schedule:

Accessibility or mobility

Does the student have any accessibility or mobility issues that need to be considered when choosing a homestay?

Yes

No

If yes, please describe specific needs:

Homestay Life

Please initial beside each statement:

_____ IRHS manages its own homestay program; it is expected that the student will have full involvement, participation and engagement with the homestay family as part of their cultural/learning experience; and language acquisition.

_____ IRHS's homestay program matches students with families based on the information provided on this application form. If a homestay is deemed not suitable, the student can request **ONCE** to change homestay family. If the second homestay family is deemed not suitable by the student, or by the homestay family's request (behavior, attitude) the student might be asked to leave the CISND International Student Program. This is **NOT APPLICABLE** in case of an emergency situation, at the determination of our program.

_____ The host family might have different family rules and expectations than the student's own family, including curfew. The host family is expecting the student to follow their family rules, and expectations during his/her stay in Canada.

_____ The student is expected to clean her/his own living area, including bedroom, bathroom (whether the bathroom is shared or private) and to do the laundry if it is necessary.

_____ It is illegal for anyone under 19 years old to smoke cigarettes, vapes, e-cigarettes, cannabis, or drink alcoholic beverages in Canada. A student may jeopardize his/her immigration status in the country if found to be using any of the mentioned substances. CISND International Program has zero tolerance for the use of any of the above mentioned substances. International students may be sent home at their own expense. If a student is sent home for violating this policy or for any reason relating to a discipline issue, no refunds of any kind will be issued.

_____ If the student causes any damage in the homestay property, he/she will be responsible for the cost of repairs based on a reasonable quote from a restoration professional and/or insurance provider.

If there is anything else you wish to convey to the school, please describe it here:

Student and Parent/Guardian Acceptance Agreement

The Catholic Independent Schools of Nelson Diocese wish to provide a challenging program for students studying in our schools. Our hope is that students will grow in their faith and discover what it means to live in a global community. There are, however, certain expectations of our students who are enrolled in our program. These expectations include important obligations on the part of each student accepted to study at our schools. Each student and the parent(s) or guardian of each student accepted into our program must read the following agreement and must, agree to be bound by and honour its terms.

1. Law, Rules and Regulations

I agree that I will abide by all laws of Canada, and the School's Code of Conduct and Homestay guidelines and policies, as outlined by the School/Diocese. I understand that the unlawful use of drugs will not be tolerated and that alcohol use is also forbidden in all circumstances. I understand that violation of the above will result in my dismissal from the school. I understand that in case of dismissal, there will be no refund on tuition paid.

2. Homestay

I appreciate that living in a homestay environment provides me with an opportunity to develop friendships with individuals of a different culture. I acknowledge that it is mandatory for me to live with the homestay family that has been approved and selected by the school. I will make every effort to make my homestay experience a successful one. While living with a homestay family, I will obey family rules and show respect for other family members. If problems do arise, I will attempt to resolve them with the parties involved. I understand that the Homestay Coordinator will be available to me if I require assistance.

3. Parents Residing with their Children

I understand, as the parent of my child/ren enrolled in the International Student Program, that according to Provincial/Federal laws all children under the age of 19 must live with a responsible adult. I understand that if I wish to visit my home country, I will inform the Director of International Education of my plans before departure and will arrange for a responsible adult to live with my child/ren while I am away.

4. Attendance

I understand and accept the obligation to attend all classes in the educational program provided to me. I agree that all absences must be explained by a note or telephone call from my parent/homestay parent and that unexplained absences may lead to my dismissal from the program.

5. Out of Town Travel

I agree to complete the travel document available through the school. I am permitted to visit relatives, close family friends and student friends only if there will be adult supervision. Permission from the school administration must be granted. Homestay families must be informed well in advance of any plans to travel.

6. Payment

I understand that I must remain current with all payments to commence the program and that full tuition and fees must be paid within three months of starting the program.

Continued on next page...

7. Refund Policy

In the event that I am unable to obtain a Student Study Permit or decide not to attend or to leave the International Student Program, I agree that only a portion of the paid tuition fee will be refunded. In all cases, the application fee will be retained to cover administrative expenses. The following refund policy will apply for each school year for which a student is registered:

- i. **Full refund, less Application Fee and less Agency Fee, if the International Student Authorization is not approved by Canadian Immigration (student must include letter of rejection from High Commission).**
- ii. **Full refund, less Application Fee and less Agency Fee, if one of the parents/guardians, legal care providers or a member of the student's immediate household develops a serious health condition or passes away before the start of school.**
- iii. **If the student is found to be in violation of school rules (i.e., chronic absenteeism, drinking alcohol, taking drugs) or is involved in a situation that involves the police, there is no refund of the tuition fees.**
- iv. **No refunds will be issued for any other reasons. If, however, there are extenuating circumstances, please contact the Director of International Education.**

8. Medical Authority and Release

We, as parents/guardian of the undersigned student, do hereby authorize the school staff and the sponsoring homestay parents to consent to any X-ray examinations, anesthetics, medical, surgical, or psychological diagnosis or treatment or hospital care which is deemed advisable, and is rendered under the general supervision of any licensed physician, surgeon, or mental health care professional, whether such treatment or diagnosis is rendered at the office of said physician, surgeon, or mental health care professional or at the hospital.

In the event of an emergency, the school or homestay family member will send my child to the hospital, and afterwards communicate with the natural parents.

Further, we understand that all students must register to GuardMe Medical Insurance and, after three (3) months, with the Medical Services plan of British Columbia (MSP BC) or accepted similar.

9. General Release

We, the undersigned, do waive and release all claims against the school for the injury, loss, damage, accident, delay or expense resulting from the applicant's participation in the International Student Program. We also release the school and agree to indemnify them, with regard to any financial obligations or liabilities that the applicant may personally incur, or any damage or injury to the person or property of others that the applicant may cause while participating in the International Student Program.

We understand that the school is not responsible for any loss or injury suffered by the applicant during periods of travel. If the applicant becomes ill or incapacitated, the school may take such actions as it considers necessary, including securing medical treatment and transporting the student home at his or her own expense. We release the school from all liability related to such actions.

We understand that the applicant's participation may be terminated at the discretion of the principal without any refund of fees, and that the applicant may be sent home at his or her own expense if he or she does not adhere to the school's guidelines and rules as set out by the School Code of Conduct, Student Handbook, and the Acceptance Agreement.

Student's Acceptance and Agreement

A successful experience depends upon the student making his/her best effort in every area of school life. CISND reserves the right to dismiss students and return them home, at the parent's expense, without tuition refund, for violations of the CISND and/or the school's code of conduct and/or international student guidelines.

I have read the Student/Parent Acceptance Agreement above and agree to fulfill all my obligations as set out.

 Name of Student

 Student Signature

 Date

Parent(s)'s/Guardian(s)'s Acceptance and Agreement

I/we the parents/guardians of the above student have read all the above including Parent/Guardian Code of Conduct and I/we agree that we will use our best efforts to ensure that our child honours all obligations set out and we agree to be bound by the release authorizations.

 Name of Parent/Guardian

 Parent/Guardian Signature

 Date

 Name of Parent/Guardian

 Parent/Guardian Signature

 Date

 Name of Witness

 Witness Signature

 Date

Contract for Acceptable Use of Cell Phones and Internet at Immaculata Regional High School

Introduction

Immaculata Regional High School (IRHS) provides to its students and faculty a school wide local area network of hardware, software, and services. This document forms an agreement between IRHS and all users of IRHS's network. Signing this document indicates that you agree to abide by the rules and guidelines listed here. If there are items here that you don't understand or agree with you must discuss it with the principal before signing this form and using the school network. Once you have signed, you will be held responsible for your use of the network.

Cell Phones*

Immaculata Regional High School acknowledges the importance of communication between students and parents, particularly regarding emergency situations. Further, IRHS recognizes that instructional time is precious and school time must be protected from unnecessary disruptions. Do not phone or text your child during class times.

Students *may* be permitted to have in their possession-provided a *Contract for Acceptable Use* is signed- a cell phone on campus during the school day, while attending school-sponsored activities, or while under the supervision and direction of IRHS faculty. Students *may* be allowed to possess and use cell phones in conjunction with being in school under the following parameters:

- At any time during school activity, school faculty may give specific direction regarding student use or non-use of a cell phone with which the student is expected to comply.
- Cell phones are to be used as **instructional tools**, using them during class for any other reason may result in a loss of cell phone privileges.
- During times of testing and other student evaluations, teachers may request that students remove their cell phone from their possession, either by returning to a locker or placing it in a designated place in the classrooms, reducing the possibility of compromised test security.
- School masses, fire drills, lock downs, assemblies, or other school evacuations are considered cell phone blackout times. During such contingencies, there is to be **absolutely NO cell phone usage**.
- Students are expected to exhibit good *digital citizenship* and follow common sense practices when using their cell phones (self-control, balance between digital and non-digital media, an awareness of their digital footprint, etc).
- Students may not use their phone's camera to take pictures of others without expressed consent.
- Students are to understand that a cell phone will not be needed in every class every day. There is to be **no complaining** if a teacher indicates that cell phones won't be used during a lesson.
- Cell phones are NOT to be used as MP3 players during class time (unless specifically given permission by the teacher). **The school is not responsible for content loaded on a student's phone.**

* For the purpose of this agreement, the term "cell phone" includes all personal electronic devices.

- The student acknowledges that the use of a cell phone during instructional time at IRHS is a privilege, not a right. As such, the privilege may be revoked at any time.
- Students are not to use IRHS's technological resources or their cell phones in a manner which is harassing to others (cyber-bullying). This includes posting images or email messages which intentionally cause discomfort to others. Displaying images, sounds, or messages on a computer in a public area or on any equipment which is part of the network (and hence the property of Immaculata Regional High School) which causes discomfort to others who share that area is also prohibited. Users should assume that their electronic correspondence is the legal equivalent of publicly spoken or written words. This also applies to privately owned computers (laptops) using the IRHS network.

Acceptable uses of cell phones may include (but not limited to):

- Calculator (graphing or other downloadable app)
- Dictionary/thesaurus (several free apps)
- eReader (bible, books from the public library, etc.)
- Online research

To facilitate the use of cell phones as tools, IRHS has installed a secure WIFI access point for student usage. Only those students who have signed this *Contract for Acceptable Use* will be permitted to use IRHS's WIFI.

Consequences of Violating this Contract:

First Offense

Cell phone confiscated by a faculty member, possibly for the duration of the day. The faculty member may ban the cell phone from his or her class permanently. The incident is documented by the faculty member.

Second Offense

Phone is sent to the office. **The phone will not be returned until a parent is contacted.** The incident is recorded by the principal; a pattern of behaviour is noted.

Third Offense

Cell phone is confiscated and **a parent must pick up the cell phone during school hours.** The cell phone **will not be returned to the student.** Additionally, the student loses the right to have a phone on campus. The incident is recorded by the principal; a pattern of behaviour is noted.

Fourth Offense

A clear pattern of disrespectful behaviour has been established. **The student may be suspended from school.**

Contract

I understand and will abide by the above *Contract for Acceptable Use*. I further understand that any violation of these guidelines may result in a cancellation of privileges and lead to disciplinary action.

User's Full Name	Cell Number	Grade
User Signature	No cell phone. Student uses other personal electronic device.	Date

User's Full Name	Cell Number	Grade
User Signature	No cell phone. Student uses other personal electronic device.	Date

User's Full Name	Cell Number	Grade
User Signature	No cell phone. Student uses other personal electronic device.	Date

Parent Consent

I have read The Immaculata Regional High School *Contract for Acceptable Use*. I realize that students, when using cell phones, may read or see material that I might consider controversial or offensive. IRHS has my permission to allow my child access to his/her cell phone in accordance with the conditions and practices stated above to the extent that I have chosen below. I understand that my child may have access as long as he/she is a student at IRHS and obeys the rules and procedures described in the *Contract for Acceptable Use*.

I also understand that if my child/ward abuses the privilege of cell phone use at IRHS, the cell phone may be confiscated and I may be required to go to the school to pick up the phone.

I wish the school to give my child access to IRHS's WIFI network and his/her cell phone in accordance with the conditions and practices stated above.

Name of Parent/Guardian Parent/Guardian Signature Date

For Students Without Digital Devices

I understand that my child(ren) _____ may access other students' devices here at the school. Furthermore I understand that my child is to follow the expectations set by IRHS when using someone else's device.

Parent/Guardian signature: _____

Google Apps For Education Consent Form

Immaculata Regional High School allows teachers and students access to Google Apps for Education (GAFE); this includes Google Classrooms. GAFE consists of online collaboration and productivity tools, as well as file storage space, specifically intended for educational purposes.

Using the GAFE platform involves the storing and accessing of two types of personal information:

- Student name, grade level, and school name
- Content created in and/or uploaded to the GAFE platform by your child. Content will typically take the form of assigned projects, presentations, documents, multimedia, and calendar entries created by your child or other students (e.g. students working together on group projects). This content may contain personal student information reasonable for education purposes (for example, student names on written assignments).

Note: Information will be stored on secured Google servers located outside of Canada. While stored outside the country, information in your child's GAFE account may be subject to the laws of foreign jurisdictions including, in the United States, the USA Patriot Act. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

Consent:

I understand that my child's information in the Google Apps for Education Account will be disclosed, stored, and accessed from outside of Canada, specifically the United States, for the purposes outlined above. This consent will be considered valid from the date at which this form has been signed. Consent and access can be revoked at any time by parent/guardian request.

One document per child.

Student's First Name

Student's Last Name

Student's email address

Student's Signature

Date

Parent's/Guardian's Name

Parent's/Guardian's Signature

Date

International Student Application Documents Checklist

Please verify that your application includes all of the following:

Completed application form

Copy of passport and current Student Study Permit (if applicable)

Copies of Transcripts and/or Report Cards

Baptismal Certificate (if applicable)

Two recent digital photographs of the student and his/her family at home

Student's letter to host family describing students' interests, family composition, interactions, and expectations during his/her time in Canada

Parent(s)'s letter to host family describing the student's personality, interactions at home and with any siblings, hobbies, preferences, and goals for this experience

Student/Parent Agreement section

Medical Alert Information Questionnaire

Other medical/special reports as required

Copy of Vaccination Record (Requirement of Interior Health Authority)

Principal's Recommendation Letter

Teacher Recommendation Letters

Agreement for Acceptable Use of Cell Phones

Guardian/Custodian Notarized Document

Conditional Letter of Acceptance: issued by School Administration once all documentation is received.

Formal Letter of Confirmation of Acceptance: issued by School Administration upon receipt of full or initial tuition payment. This Letter of Confirmation is necessary for immigration purposes.

Additional Notes Regarding New Applications

1. Registration fee can be paid by bank transfer, money order, credit card (contact school for instructions), or certified cheque.
2. Please make cheques or money orders payable to the school. Bank transfers are payable as per Conditional Acceptance Letter.
3. Fees are subject to change.
4. The school office must keep an individual file on each student containing copies of all documentation for immigration purposes.
5. All international students must be entered into the school's database using the name as it appears on the student's passport and be issued a Personal Education Number (PEN).
6. All registration information must be sent directly to the admitting school.
7. Schools may want to add more information to this list.



To the applicant:

After entering your name and current grade below, give this form to your School Principal.

Student Name	Current Grade:
--------------	----------------

To the School Principal:

The student named above has applied for admission to Immaculata Regional High School. We are considered an Immersion school and expect students to have adequate English proficiency. We can best assist students with correct course placement by having as much information as possible about their language proficiency.

School Principal's Name	Name of School
Are you comfortable being contacted by email? Yes No	Email address

1. General Information: How long have you known the student? _____

2. Behaviour: Please describe the student's behavior/attitude at school including any specific concerns:

3. Work Ethic: How do you qualify the student's work ethic? Poor Satisfactory Good

RECOMMENDATION

Do you recommend this student? No Yes, with reservations Yes

Additional comments:

Signature

Date

Please return this completed form to your student in a sealed envelope. The student must include this recommendation form to us with the Application Form.



To the applicant:

After entering your name and current grade below, give this form to your English Teacher.

Student Name	Current Grade:
--------------	----------------

To the English Teacher:

The student named above has applied for admission to Immaculata Regional High School. We are considered an Immersion school and expect students to have adequate English proficiency. We can best assist students with correct course placement by having as much information as possible about their language proficiency.

English Teacher's Name	Name of School
Are you comfortable being contacted by email? Yes No	Email address

1. General Information:

How long have you known the student? _____

In which language do you instruct the student? _____

2. Reading Comprehension

Given an English book at the student's grade level, the student's reading level would be:

Below grade level

At grade level

Above grade level

Not able to read English

Comments:

3. Writing Ability

If asked to write a short paragraph/essay in English about his/her own interests, the student's writing level according to their current grade would be:

Below grade level

At grade level

Above grade level

Not able to write English

Comments:

4. Verbal Comprehension

Please speak to the student conversationally to determine his/her ability to comprehend spoken English at their current grade level and select the best description:

Student can understand everything that is said and can converse using a sophisticated vocabulary and correct sentence structure.

Student's responses, although not perfect, come naturally. Has good vocabulary and can communicate without problem.

Student understands basic language and most conversation. Thinks quickly but is still translating. Can carry on a simple conversation without difficulty.

Student understands basic sentences. Grammar is poor, but understanding is fairly good. A few weeks in total immersion will improve his/her ability rapidly.

Student understands a few words and phrases but has little ability to share his/her thoughts clearly. Student may even refuse to use the language.

Student has not studied English.

5. Work Ethic: How do you qualify the student's work ethic?	Poor	Satisfactory	Good
--	------	--------------	------

RECOMMENDATION

Do you recommend this student?	No	Yes, with reservations	Yes
--------------------------------	----	------------------------	-----

Additional comments:

Signature

Date

Please return this completed form to your student in a sealed envelope. The student must include this recommendation form to us with the Application Form.