



CATHOLIC INDEPENDENT SCHOOLS
NELSON DIOCESE

International Student Program

2.9 STUDENT & PARENT ACCEPTANCE AGREEMENT

The Catholic Independent Schools of the Nelson Diocese (CISND) wishes to provide a challenging program for students studying in our schools. Our hope is that students grow in their faith and discover what it means to live in a global community. We have, 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(s) of each student accepted into our program must read the following agreement and must, by signing it, 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, as well as the school's and CISND's code of conduct and homestay guidelines and policies, as outlined by the school and/or CISND. I understand that the unlawful use of drugs is not 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, no refund on tuition paid is given.

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 occur, I will attempt to resolve them with the people involved. I understand that the International Students Program Coordinator is available to me if I require assistance. I understand that after one move request either from me or the local homestay parent, the school does not accommodate another move, unless for special circumstances. In the event that I request a second move and it is accommodated by the school, a change fee will be charged to me, equivalent to two weeks of homestay fees. In the case that the school cannot find another homestay for me either due to my special request or because of removal from two consecutive homestays, I will be returned to my home country of origin with all travel expenses paid by my parents.

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 18 must live with a responsible adult. I understand that if I wish to visit my home country, I will inform the

International Students Program Coordinator 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 education program provided to me. I agree that all absences must be explained by a note from my parent/homestay parent and that unexplained absences might lead to my dismissal from the program.

5. Grade Point Average

I understand that I am required to pass all of my classes and give my best effort while at Immaculata. If I am in Grade 12, I must maintain at least a 60% mark in the course work in order to write the final exam. If I am having challenges maintaining a 60% in any English class, I may be required to take a modified version of the class.

If I want to take Grade 12 English, I must first pass the Grade 11 final English exam to demonstrate my comprehension level. If I'm not successful with the exam, I will be required to take Grade 11 English before taking Grade 12 English.

6. Service Hours

I understand that I'm required to fulfill 30 volunteer service hours each school year. I can discuss opportunities to fulfill these hours with my homestay family and my teachers. Typical household chores are not eligible for volunteer hours (cleaning bedroom, cleaning bathroom, doing laundry, helping with meal clean up). Extraordinary household chores are eligible (shovelling snow, cutting the grass, raking leaves). I am responsible for tracking this time and getting the appropriate signatures to verify the service hours.

7. Job Shadow Hours

If I intend to graduate from Immaculata with a Dogwood Diploma I must complete 30 hours of job shadowing between Grade 10 and 12 and complete Planning 10. Immaculata often hosts university speakers and the time spent listening to these presentations count towards the job shadow hours.

8. Out of Town Travel

If I wish to 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 adult supervision is provided. I must first receive permission from the school administration. I must ensure that my homestay parents are informed well in advance of any plans to travel.

9. Refund Policy

If 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 is refunded. In all cases, the application fee is retained to cover administrative expenses. The following refund policy applies for each school year for which a student is registered:

- If the International Student Authorization is not approved by Canadian Immigration (I must include letter of rejection from the High Commission), full refund, less application fee.
- If I withdraw prior to date of admittance, two-thirds (2/3) of the tuition is refundable.
- If I withdraw within one month of admittance, half (1/2) of the tuition is refundable.
- If I withdraw after the first calendar month of the program, none of the tuition is refundable.
- If I am in violation of school rules (such as chronic absenteeism, drinking alcohol, taking drugs), none of the tuition is refundable.

10. Medical Authority and Release

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

11. General Release

We, the undersigned, do waive and release all claims against the school and CISND for any injury, loss, damage, accident, delay or expense resulting from my participation in the International Student Program. We also release the school and CISND and agree to indemnify them regarding 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 and CISND are not responsible for any loss or injury suffered by the student during periods of travel. If the student 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/her own expense. We release the school and CISND from all liability related to such actions.

We understand that our participation in the International School Program can be terminated at the discretion of the school principal without any refund of fees, and that I can be sent home at our own expense if I do not adhere to the school and/or CISND's guidelines and rules as set out by the School Code of Conduct, Student Handbook and the Acceptance Agreement.

All parties agree to be bound by all of the terms of this agreement. All parties are advised to seek legal advice. The guardians and parents agree to bind their children to the terms of this agreement and hereby provide an adult and informed consent for themselves and the children. The parents/guardians agree to take all necessary actions to ensure that their children conform to

the terms of this agreement, as well as all rules and regulations put in place by the school or home stay family from time to time.

By clicking this check box and typing my name below, I confirm that I have read the above and agree to fulfill all my obligations as set out. I also agree to both the medical release authorization and to the agreement and release clause.

Student's Full Name

Date

By clicking this check box and typing my/our name below, I/we the parents/guardians of the student signing above have read all the above including both the medical release authorization and the agreement release 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.

Parent's Full Name

Date

Parent's Full Name

Date