



CATHOLIC INDEPENDENT SCHOOLS  
NELSON DIOCESE

## International Student Program

### 2.5 INTERNATIONAL STUDENT APPLICATION FOR ADMITTANCE

Date: \_\_\_\_\_

#### School(s) to which applying:

Immaculata Regional High School (Kelowna)

Holy Cross School (Penticton)

Our Lady of Lourdes (West Kelowna)

St. Joseph Elementary (Kelowna)

St. Joseph School (Nelson)

St. Mary's School (Cranbrook)

St. Michael School (Trail)

#### Referral Information

Must be completed at time of registration (if applicable)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agency: \_\_\_\_\_

#### Student Information

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Canadian Name (if desired): \_\_\_\_\_

Home Country Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Gender: Male Female Birth Date: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

School grade for which applying: 7 8 9 10 11 12

#### Program (length of stay)

Full school year (September to June)

Half year: September to January February to June

Short stay (< 6 months); select month(s) preferred:

Sep Oct Nov Dec Jan Feb Mar Apr May Jun

Student Visa:      Desired      Obtained

### Housing

I will reside with my parents/family in Canada

I require a homestay (*Please complete the Homestay Information Package*)

What religious denomination do you practice (if any)? \_\_\_\_\_

## Catholic Students

Check this box if the student is not Catholic.

If the student is Catholic, please provide the following information.

Parish student attends: \_\_\_\_\_

Sacraments received (provide the dates and locations)

<i>Sacrament</i>	<i>Date</i>	<i>Location (Parish/City)</i>
Baptism		
Reconciliation		
First Communion		
Confirmation		

## Father's Information

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Birthdate (as required for custodianship purposes): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Phone # \_\_\_\_\_

Work Phone: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Mother's Information**

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Birthdate (as required for custodianship purposes): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Phone # \_\_\_\_\_

Work Phone: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Guardian/Custodian Information**

Choose one:

To appoint the school's International Students Program Coordinator as custodian.  
(This option is the normal procedure.)

To appoint the the following person as custodian. (Complete the information below.)

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Sibling Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Is any member of the student's family a former student in one of the Catholic Independent Schools of Nelson Diocese? Yes No

If yes, please note the student's name and the school attended:

\_\_\_\_\_

## Medical Information

Please check the box next to each medical condition that the student has.

### Emergency and/or Potentially Life-Threatening Conditions

Diabetes  
 Epilepsy  
 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  
 Other symptoms: \_\_\_\_\_

### 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  
 Other conditions:  
 \_\_\_\_\_  
 \_\_\_\_\_

Other conditions which might require emergency care (please describe):  
 \_\_\_\_\_

Has the student required emergency care for a severe allergic reaction?      Yes      No

Does the student have an independent education plan (IEP) or accommodations checklist (or in the process of having one developed)?      Yes      No

Is the student able to participate in a full physical education program?      Yes      No

The student does not have any known medical conditions.

BC Medical Service Plan Number or International Medical Services information:  
 \_\_\_\_\_

### All students must register with Medical Services Plan of BC (or accepted similar)

Do you require a medical services plan through CISND?      Yes      No

In the event of an emergency, the school or homestay family member may send my child to the hospital.      Yes      No

## Academic & Other 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) \_\_\_\_\_

Does the student have any academic problems? Yes      No

If yes, please describe the problem(s).

Does the student have or has he/she experienced any social problems? Yes      No

If yes, please describe the social problems.

List the student's interests and hobbies (e.g. piano, soccer).

If there is anything else you wish to tell the school, please describe it here.

**Please attach all original, plus officially translated copies,  
of transcripts and/or report cards for the past two years.**

## 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.

Please read and sign the *Student & Parent Acceptance Agreement*.

Please notify the International Student Coordinator of any change of address, telephone, or e-mail address.

By clicking this check box and typing my name below, I hereby confirm that the information provided in this form is true, and I hereby agree to the terms contained herein.

\_\_\_\_\_  
Parent's Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Full Name

\_\_\_\_\_  
Date

## Document Checklist

Please ensure that all required information is enclosed with your application.  
Incomplete applications will not be processed.

1. Completed Application Form
2. Application Fee (\$200 CAD payable to CISND)
3. Copy of Passport  
Copy of Current Student Study Permit (if applicable)
4. All officially translated copies of transcripts and/or report cards for the past two years
5. Principal's or English Teacher's Recommendation
6. Student & Parent Acceptance Agreement
7. Completed Student Homestay Information Package (if applicable)
8. Baptismal Certificate (if applicable)

**E-mail your completed application and registration fee to:**  
International Education Program  
School to which you are applying