



**ST. JOSEPH CATHOLIC SCHOOL KELOWNA**  
*a member of the*  
*Catholic Independent Schools of Nelson Diocese*

**International Student Program**  
**INTERNATIONAL STUDENT APPLICATION FOR ADMITTANCE**

Applying for Academic year: \_\_\_\_\_

**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:  K  1  2  3  4  5  6  7

Program (length of stay)

4 months (September – December)  6 months (January – June)

Full school year (Sept-June)

Short stay - select month(s) preferred:

Sept.  Oct.  Nov.  Dec.  Jan.  Feb.  Mar.  Apr.  May  June

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

**Religious Affiliation:**

The student is **NOT** Catholic. Other religious denomination (if any)? \_\_\_\_\_

The student is Catholic.

Does the student attend weekly Mass?  Yes  No Parish: \_\_\_\_\_

Sacraments received:

<i>Sacrament</i>	<i>Date</i>	<i>Location (parish, city)</i>
Baptism		
Reconciliation		
First Communion		
Confirmation		

**Father's Information**

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

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

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

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

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

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

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

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

I would like to receive the weekly newsletter and other school communications

**Mother's Information**

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

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

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

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

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

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

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

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

I would like to receive the weekly newsletter and other school communications

## Sibling Information

Does the child have sibling(s) attending Immaculata High School?  Yes  No

If yes, please list their name(s):

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

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

## Medical Information

### Physical Condition:

Is the student able to participate in a full Physical Education Program  Yes  No

### Emergency and/or potentially life-threatening conditions:

\_\_\_\_\_

Other symptoms: \_\_\_\_\_

### Non-Emergency:

Physical disability: \_\_\_\_\_

Other condition: \_\_\_\_\_

Does the student require any medical treatment or regular medication?

\_\_\_\_\_

How many times per day? \_\_\_\_\_ Schedule: \_\_\_\_\_

### Dietary Restrictions:

Vegetarian  Vegan  Gluten Free  Allergies, specify: \_\_\_\_\_

No restrictions

**Please complete the Medical Alert Information Questionnaire (Page 7) and attach a copy of the student's updated vaccination record.**

**All students must register with GuardMe Medical Insurance, and after three months with Medical Services Plan of BC (or accepted similar).**

I understand that in the event of an emergency, the school may send my child to the hospital, and afterwards communicate with the natural parents, please initial: \_\_\_\_\_

## Academic Information

List the last two schools 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 grade?  Yes  No

If yes, specify the grade(s) \_\_\_\_\_ and the year(s) \_\_\_\_\_

Does the student have any academic issues?  Yes  No

If yes, specify the issue(s): \_\_\_\_\_

Has the student experienced any major social problems while at school?  Yes  No

If yes, please describe: \_\_\_\_\_

Does the student have any behavioural problems?  Yes  No

If yes, please describe: \_\_\_\_\_

Has the student had any learning difficulties/disabilities we should be aware of?  Yes  No

If yes, please specify and attach a report \_\_\_\_\_

How long has the student been studying English? \_\_\_\_\_

The student has an Individualized Education Program or accommodations checklist (or is in the process of having one developed).

### English Competence:

	Low	Intermediate	Advanced	Fluent
Speaking				
Writing				
Reading				
Listening/Comprehension				

**Please attach a copy of school transcripts, last two report cards, and recommendation letters from the last school principal and English teacher.**

## International Experience

Has the student previously studied abroad?

Yes  No

If yes, for how long? \_\_\_\_\_ Where? \_\_\_\_\_

## Cell phone use

\_\_\_\_\_ Students are discouraged from bringing a cell phone to school. In certain circumstances, such as if a child takes public transportation to get home, parents may deem it necessary. All cell phones must be turned off during the day and kept in the student's backpack or given to the teacher. Students may use their cell phones at the end of the day in a designated area and under supervision to contact their family.

\_\_\_\_\_ Under no circumstances may students use a cell phone to take pictures of other students. This includes during field trips, extracurricular activities, and intra-mural sports, even after school hours.

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

## PRIVACY OF PERSONAL INFORMATION CONSENT

I consent to having **St. Joseph Catholic School** collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of **St. Joseph Catholic School** (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with **St. Joseph Catholic School**, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **St. Joseph Catholic School's** Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of **St. Joseph Catholic School**.

*This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for **St. Joseph Catholic School** is the **school principal** and may be reached at 763-3371 ext 207.*

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

It is the tradition in the school to allow staff, parents, and media to photograph individual students and groups of students for promotional material, to commemorate events, and to promote various educational, sports, and cultural events taking place in the school. While these add to the community life of the school, they are not required for educational purposes. Students' names, photographs and comments may be published on the school newsletter, school reports or in the news media. I permit the publication of my child's name, photograph and comments for the purposes consistent with the above.

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

The school includes a class list in the family phone directory. I consent to having my child's name and child's grade listed in the school family directory.

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

### Release and Storage of Parent Personal Information

**St. Joseph Catholic School** acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

Signature: \_\_\_\_\_

**Principal**



**Emergency Condition (must be completed if emergency condition exists)**

a) Symptoms to watch for:

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b) Precautions in the classroom:

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c) Emergency plan staff must follow (step by step):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

3. Does your child take medication? (must be completed if **non-emergency** condition exists)

Yes  No If yes, the name of the medication is \_\_\_\_\_

4. Does your child administer it themselves?  Yes  No

If no, how often, how much, when is staff to administer the medication?

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A “Request for Administration of Medication at School” form **must** be completed if staff are required to administer the medication. A new form **must** be completed any time medication changes are made.

Other medical information you feel the school should be aware of:

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# STUDENT/PARENT ACCEPTANCE AGREEMENT

The Catholic Independent Schools of Nelson Diocese and St. Joseph Catholic School, Kelowna (the School) wish to provide a challenging program for students studying in our school. 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 the 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 his/her parent(s) or guardian(s) 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, and the School's Code of Conduct 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. Parents/Guardians Residing with their Children

I understand 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 leave Canada or visit my home country my child(ren) will accompany me, and upon return will self-isolate for 14 days in accordance with the BC Centre for Disease Control (<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation>).

## 3. 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 from my parent/guardian and that unexplained absences may lead to my dismissal from the program.

## 4. 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:

- **A full refund, less Application Fee, will be issued if the International Student Study Permit is not approved by Canadian Immigration (student must include letter of rejection from High Commission).**
- **A full refund will be issued should COVID prevent students from attending in September. Prorated tuition amounts will be refunded if the school closes part way through the year.**
- **If the student withdraws prior to the commencement of classes, two thirds of the tuition is refundable.**

- **If the student withdraws after the commencement of classes no tuition will be refunded.**
- **If the student is removed from the school due to a disciplinary issue no tuition will be refunded.**

## 5. COVID 19

I understand that upon entry into Canada, **international students and their family must self-isolate for 14 days** in accordance with the BC Centre for Disease Control (<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation>).

## 6. 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.

## Student's Acceptance and Agreement

**I have read the above and agree to fulfill all my obligations as set out.**

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Parent(s)'s Acceptance and Agreement

**I/we the parent(s)/guardian(s) of the above student have read all the above and agree that we will use our best efforts to ensure that our child honours all obligations set out and 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

## DOCUMENTS CHECKLIST – NEW APPLICATIONS

- 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 the student and his/her family at home
- Other medical/special reports as required
- Copy of Vaccination Record (Requirement of Interior Health Authority)
- Principal Recommendation Letter
- Teacher Recommendation Letter

Once all documentation is received, a **Conditional Letter of Acceptance** will be issued by School Administration.

Upon receipt of application fee plus full or initial tuition payment, a **Formal Letter of Confirmation of Acceptance** is issued by School Administration. The Letter of Confirmation is necessary for immigration purposes.

### Additional Notes Regarding New Applications

1. Registration fee may be paid by bank transfer, money order, or certified cheque.
2. Please make cheques or money orders payable to St. Joseph Catholic School, Kelowna. Bank transfers are payable as per Conditional Acceptance Letter.
3. Fees are subject to change.
4. School offices 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.
6. All registration information must be sent to directly to the school.



**ST. JOSEPH CATHOLIC SCHOOL**  
*a member of the*  
*Catholic Independent School of Nelson Diocese*

**International Student Program**  
**SCHOOL PRINCIPAL'S RECOMMENDATION**

**TO THE APPLICANT:**

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

Student Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

**TO THE SCHOOL PRINCIPAL:**

Your student named above has applied for admission to one of the Catholic Independent Schools of Nelson Diocese. 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.

**1. General Information:**

How long have you known the student? \_\_\_\_\_

**2. Behaviour**

Could you please describe student's behaviour/attitude at school:

Any specific concerns:

**3. Work Ethic**

How do you qualify the applicant's work ethic?

Poor    Needs improvement    Average    Above average

**RECOMMENDATION**

I recommend this student:  Yes  No

Would you feel comfortable to be contacted by email?  Yes  No

Principal's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

School: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

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



**ST. JOSEPH CATHOLIC SCHOOL**  
*a member of the*  
*Catholic Independent School of Nelson Diocese*

**International Student Program**  
**ENGLISH TEACHER'S RECOMMENDATION**

**TO THE APPLICANT:**

After filling in your name and current grade below, give this form to your school Principal.

Student Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

**TO THE ENGLISH TEACHER:**

Your student named above has applied for admission to St. Joseph Catholic School Kelowna. We are considered an Immersion school and expect students to have adequate English proficiency.

**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:

- |   |  |
|---|--|
| <input type="radio"/> Beginner (not at grade level) | <input type="radio"/> At grade level           |
| <input type="radio"/> Above grade level             | <input type="radio"/> Not able to read English |

**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:

- |   |   |
|---|---|
| <input type="radio"/> Beginner (not at grade level) | <input type="radio"/> At grade level            |
| <input type="radio"/> Above grade level             | <input type="radio"/> Not able to write English |

#### 4. Verbal Comprehension

Please speak to the student conversationally to determine his/her ability to comprehend spoken English at their current grade level.

- Advanced:** Student can understand everything that is said and can converse using a sophisticated vocabulary and correct sentence structure.
- At grade level:** Responses, although not perfect, come naturally. Has good vocabulary and can communicate without problem.
- Basic:** Student understands basic language and most conversation. Thinks quickly, but is still translating. Can carry on a simple conversation without difficulty.
- Junior:** Student understands basic sentences. Grammar is poor, but understanding is fairly good. A few weeks in total immersion will improve his/her ability rapidly.
- Beginner:** Students understands a few words and phrases but has little ability to share his/her thoughts clearly. Student may even refuse to use the language.
- Has not studied English.**

#### 5. Work Ethic

How do you qualify the applicant's work ethic?

- Poor    Needs improvement    Average    Above average

#### RECOMMENDATION

I recommend this student:    Yes    No

Additional comments:

Would you feel comfortable to be contacted by email?    Yes    No

Teacher's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

School: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

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