



INTERNATIONAL EDUCATION PROGRAM APPLICATION CHECKLIST

Please complete in full the following forms and mail the application with the registration fee to the address below:

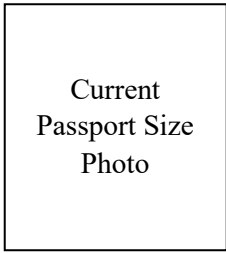
- Program Application Form (including a passport size photo)
- Academic Background including:
 - o Copy of current school report that is certified by the school as a true copy of the original
 - o Transcripts of marks for the past year, including attendance record, with an official school stamp; this must be in English
- Letter of recommendation from your current teacher
- Character reference to be filled out by an adult non-family member
- Statement of Health signed by your doctor
- Medical Release Authorization signed by student and parents
- Tell us about yourself
- Student Health Care
- Tuition and Fees
- Method of Payment
- Participation Agreement signed by student and parents
- High-Risk Activities Waiver Form
- Copies of the following:
 - o Passport
 - o Birth Certificate
 - o Immunization Records
 - o Medical Insurance
- \$250.00 (CDN) non-refundable registration fee must be included with the application.

Note that all applicable forms must be submitted together (in one pdf file) to be considered.

Grande Yellowhead Public School Division
International Education Program
3656 1st Avenue
Edson, Alberta T7E 1S8 Canada

Phone: 1-780-723-4471 Fax: 1-780-723-2414 Toll Free: 1-800-723-2564 Email: international@gypsd.ca

PROGRAM APPLICATION FORM



Student

Last Name:
(as listed on passport)

First Name:

Middle Name:

Home Address:

City:

Province/State:

Postal Code:

County:

Email Address:

Home Phone #:

Birthdate (month/day/year)

Gender:

Citizenship:

Native Language:

Do you plan to graduate from Grande Yellowhead Public School Division?

Yes

No

Parents:

Main Parental Contact

Father

Mother

Father

Last Name:
(as listed on passport)

First Name:

Middle Name:

Home Address (incl. city name & postal code)

Same as above

Birthdate (month/day/year):

Email Address:

Cell Phone #:

Occupation:

Work #:

Mother

Last Name:
(as listed on passport)

First Name:

Middle Name:

Home Address (incl. city name & postal code)

Same as above

Birthdate (month/day/year):

Email Address:

Cell Phone #:

Occupation:

Work #:

Living Arrangements

Student requires homestay

Student will live with mother/father at address indicated below (no custodian required)

Student will live with the following individual (require custodianship declaration for minors studying in Canada)

Name(s):

Full Address (include Street/Town/City/County/Postal Code)

Home Phone:

Cell Phone:

Email:

Date of Application

Student's Academic Background

Name of School (presently attending):

Address of School:

Current Grade Level:

Grade Level Applying for:

Grande Yellowhead Public School Division grade placement based on birthdate:

- Grade 8 2006 Grade 10 2004 Grade 12 2002
- Grade 9 2005 Grade 11 2003

Please note that final grade placement and timetable will be determined based upon your age, language level and marks.

Have you been to Canada before? Where did you visit and when were you there?

If you are not planning to graduate at Grande Yellowhead Public School Division, what are the main reasons for your school experience while here?

I am attending for a cultural experience – not academic

I want to experience as many optional courses as possible

I want to learn English

In addition to learning English, I want/need specific courses for my home school. They are (please list these courses):

What is your competence in English?

Bilingual (Able to understand and use English in most situations.)

Intermediate (Able to understand radio and television programs; can read, but hesitant to talk.)

Beginner (Able to use some greetings, short sentences, but not enough to carry on a conversation.)

What dates are you applying for to attend Grande Yellowhead Public School Division?

Full Year (10 months) September - June

Semester (5 months)

First

Second

Other:

Which school would you prefer to attend? Placement in the school of your choice may not be guaranteed. An alternate school placement will be offered if there is no availability in your school of choice.

Hinton

Harry Collinge High School (Grades 8-12)

Jasper

Jasper Jr./Sr. High School (Grades 7-12)

Grande Cache

Grande Cache Community High School (Grades 9-12)

Edson

Parkland Composite High School (Grades 9-12)

Evansburg

Grand Trunk High School (Grades 7-12)

LETTER OF RECOMMENDATION

Must be filled out by a current teacher

Name of Student:

Current Grade:

Name of Teacher:

Name of and Address of School:

Subject(s) taught to student:

Knowledge of English - How would you evaluate the student's knowledge of English?

Spoken Ability

Excellent
Very Good
Good
Average
Poor

Written Ability

Excellent
Very Good
Good
Average
Poor

Comprehension

Excellent
Very Good
Good
Average
Poor

Comments

School Attitude - The school experience is as important as the host family experience. The greater part of the student's stay will be spent in school or in school activities. Maturity and attitude toward school and school work are very important. How do you feel about the student's attitude toward school and school work?

Great interest

Average interest

Little interest

Comments

Overall Qualifications - Based on your experience, what is your evaluation of the potential success of this student studying in Canada?

Very good
Good
Average
Poor

Comments:

Signature

Date

CHARACTER REFERENCE

Letter must be written by an adult who knows the student on an informal, personal basis and is not a family member, a school reference, or his/her agent on a separate piece of paper.

- How long have you known the student?
- What is your relationship with the student and how do you know each other?
- Why would the student be a good addition to our International Student Program?
- What details such as everyday life, skills, or special interests can you share about the student?
- What will be the biggest challenge relating to living and studying in Canada for this student?

STATEMENT OF HEALTH

Must be filled out by your doctor

Student's Name:

Height:

Weight:

Has the applicant ever had any of the following? If yes, please provide the date and detailed information below.

Chicken Pox Yes No Date:

Measles Yes No Date:

Mumps Yes No Date:

Poliomyelitis Yes No Date:

Rheumatic Fever Yes No Date:

Rubella Yes No Date:

Scarlet Fever Yes No Date:

Malaria Yes No Date:

Hepatitis Yes No Date:

Allergies Yes No Date:

Asthma Yes No Date:

Appendicitis Yes No Date:

Diabetes Yes No Date:

Dyslexia/Word Yes No Date:

HIV Yes No Date:

Doctor's Comments:

Has the student experienced disease, impairment or abnormality of any of the following?

Explanation:

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Abdominal Organs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Genital-Urinary System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bones/Joints | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart or Blood Vessels | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blood, Endocrine System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lungs, Respiratory System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Brain, Nervous System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ears or Hearing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tonsils, Nose or Throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eyes or Vision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please describe any health issues this student may have that may affect his/her studies in Canada.

Is student currently using any prescription drugs and/or medication?

Yes No

If yes, give details and list specific drugs being taken.

Doctor's Office Stamp

Doctor's signature

Date

Medical Release Authorization

I hereby authorize Grande Yellowhead Public School Division and the host parents to seek medical attention for me/my child in the event of sickness, accident, or other emergency during the program. I also certify that the above information is correct to the best of my knowledge. This authorization shall be valid for the entire duration of the student's enrollment at Grande Yellowhead Public School Division.

Student's signature

Date

Parent's signature

Date

TELL US ABOUT YOURSELF

Family Members:

Do you have brothers and sisters?

Yes No

If yes, please list the following:

First Name Age Relationship (brother or sister)

Do you have a pet(s)? Yes No What type of pet(s) do you have?

Can you adjust to a home with pets? Yes No

Describe your personality:

adaptable	Yes	No	personable	Yes	No
cooperative	Yes	No	quiet	Yes	No
enthusiastic	Yes	No	sensitive	Yes	No
independent	Yes	No	shy	Yes	No
motivated	Yes	No	studious	Yes	No
outgoing	Yes	No	talkative	Yes	No
persistent	Yes	No	tidy	Yes	No

In your words, how do you describe yourself to others?

Interests, Hobbies, Sports:

Please list your hobbies, interests, and any sports that you play and how often.

Do you play a musical instrument? Yes No If yes, which instrument(s), do you play and how often?

What is your religion?

Do you attend service?

How do you spend your time

Do you have any physical challenges?

Yes

No

If yes, please explain.

Are you receiving treatment for a chronic condition?

Yes

No

If yes, please explain.

Do you have any allergies?

Yes

No

If yes, please explain.

Do you have any special dietary requirements (e.g. vegetarian)?

Yes

No

If yes, please explain.

What kinds of foods do you like?

What kinds of foods do you dislike?

Have you had any other experience in living away from home?

Yes

No

If yes, please explain:

What are your household responsibilities at home?

What is your curfew at home or rules about staying out late?

What do you value most in life and why?

What is your biggest strength?

If you could change something about yourself, what would it be?

Picture Album

Please place photographs showing you, your family, and/or friends.



Please describe the photograph above.



Please describe the photograph above.

Picture Album

Please place photographs showing you, your family, and/or friends.



Please describe the photograph above.



Please describe the photograph above.

Student's Letter

Please prepare a short letter to your future host family in the space below or on a separate piece of paper. Please tell them:

- Why you want to attend high school in Grande Yellowhead Public School Division?
- Why have you chosen to spend time in Alberta?
- What are you looking forward to about living with a Canadian family? Do you have any fears?
- Please include additional photos that show your life and family

Tell your homestay family about your:

- skills
- interests
- hopes & expectations
- about your current relationships with the important people in your life

Parent's Letter:

Please prepare a short letter below or on a separate piece of paper to the host parents who will share their home with your child during the coming year. Describe your teenager's personality and character.

- Describe your son's/daughter's personality and character
- What do you want the host family to know about your son or daughter?
- What will be the biggest challenge
- What advice can you offer to the host family to help them get to know your son or daughter better?

STUDENT HEALTH CARE

It is mandatory for international students to have health insurance coverage. Insurance coverage can be purchased through Grande Yellowhead Public School Division. The division mandates medical insurance coverage to ensure that students are protected during the length of their enrolment.

Students will be required to pay for medical services at the time of treatment and then be reimbursed by the insurer. Subsequently they must acquire a receipt from the physician and then submit a claim directly to the insurance company for reimbursement. Our International Student Program staff can assist students with the claim process.

Students are solely responsible for all medical expenses and other expenses that exceed the scope of the health care coverage.

We recommend that the student have with him/her a credit card with a limit of at least \$2000.00 to pay for these expenses as a visit to ER is at least \$865.00.

TUITION AND FEES

Application Fee	\$250.00	One Time Fee - non refundable
Tuition Fee	\$13,500.00	Full School Year - 10 months
	\$6,750.00	One Semester - 5 months
	\$1,350.00	Per Month
Homestay Placement Fee	\$500.00	One Time Fee - non refundable
Homestay Fee	\$1,000.00 *	Per Month
Airport Transfer & Return Fee	\$1,000.00	One Time Fee - includes two round trips to Edmonton International Airport (may include accommodations)
Mandatory Medical Insurance		Students are responsible to purchase insurance through GYPSD insurance provider. Contact International Education Coordinator for more information.

*Additional Special Dietary Monthly Fee (such as Vegan or Gluten-Free) may be required.

There are no refunds once the student's program has commenced.

METHOD OF PAYMENT

All payments must be in Canadian funds and can be directed to Grande Yellowhead Public School Division. When making payment, please include the name of the student and enrollment dates.

The following payment options are accepted:

- **Certified Cheque**
- **Money Order**
- **Bank Draft**
- **Bank Transfer**

Contact the International Education Coordinator for more information.



INTERNATIONAL EDUCATION PROGRAM STUDENT PARTICIPATION AGREEMENT

Grande Yellowhead Public School Division No. 77 wishes to provide a challenging and exciting program to students studying in the Division. There are, however, certain expectations of students when we accept them into our program. These expectations include important obligations on the part of the each student accepted to study at our schools and we set a high standard in requiring all students to meet their obligations. Each student and the parent of each student that is accepted into our program must read the following statement and must, by signing it, agree to be bound by and to honour its terms.

1. Laws, Rules and Regulations:

I agree that I will abide by all the laws of Canada, the rules, regulations and policies of the School Division and the School Rules. In particular, I understand that the use of drugs or alcohol (including tobacco products and e-cigarettes) will not be tolerated and is forbidden in all circumstances.

I will ensure my Study Permit is valid and will refrain from accepting paid employment during my program.

2. Homestay:

I appreciate that the opportunity to live in an adult homestay environment provides a valuable opportunity to learn about other families and cultures. I acknowledge that it is mandatory for me to live with a homestay family that consists of at least one adult of twenty-five years of age or older.

While living with a homestay family, I will obey family rules and show respect for other family members. I agree to refrain from sexual activity and accessing websites displaying pornographic and extreme violent content.

I understand that if there are problems with the homestay situation, I will discuss them immediately with the School Principal. Students and families are expected to make every effort to make the homestay a success. In the unlikely event that families and students are incompatible and every effort has failed to improve the situation, then another homestay will be arranged.

3. Academic Responsibility:

I understand and accept the obligations to attend all classes, complete all homework assignments and allot proper study time in the educational program provided to me.

I agree that all absences must be explained by a note from the homestay adult and that unexplained absences may lead to my dismissal from the program.

4. Photo Release and Display of Student Work

As a result of changes in copyright and various other legislations, schools are required to get written permission from parents/guardians before any of the children's work or photographic images can be displayed outside of school.

I understand the production(s), work(s) may be shown at educational displays during open house, in-service sessions and other school related activities at school, school board sites, school/school board sponsored displays in the community, the internet, or included in educational or promotional materials.

I hereby grant permission to the School Division (for nonprofit, educational purposes) on behalf of my child, _____(child's name) to:

Please initial all four items:

- _____ a) record, photograph and tape (audio, video, still) my child
- _____ b) publicly display any of my child's works
- _____ c) reproduce any of my child's work, and
- _____ d) use photographs taken at events and activities of my child for current and future International Student Program promotional materials

5. **Travel:**

I agree that all travel outside of the province requires written permission from my natural parents and the School Division. I also understand that unsupervised travel anywhere is not permitted.

6. **Refund Policy:**

In the event that I decide not to attend the International Student Program for personal reasons, I agree that only a portion of the paid tuition fee will be refunded. In all cases, \$250.00 to cover administrative expenses and \$500.00 homestay placement fee will be retained and the following refund policy will apply:

- 1) Full refund (less \$250.00) if my student's authorization for a study permit is not approved by Citizenship and Immigration Canada and supporting documentation of this rejection is forwarded to the School Division
- 2) 75% of the full tuition fee if I withdraw 60 days to 31 days prior to the start of the school term
- 3) 50% of the full tuition fee if I withdraw 30 days prior to the start of the school term
- 4) I will receive no refund, for whatever reason, if I withdraw or am expelled from the program after the school term begins

7. **Medical Coverage:**

A condition of participation in the program is proof of comprehensive healthcare coverage throughout the duration of stay in Alberta.

We as parents of the undersigned student do hereby authorize the School Division staff and the homestay parents to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, 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 a hospital.

It is understood that the authorization is not given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the School Division to give specific consent to any and all such diagnoses, treatment or hospital care which the aforesaid mentioned physician or surgeon in the exercise of his/her best judgement may deem advisable.

8. **General Release:**

We, the undersigned, do waive and release all claims against the School Division for the injury, loss, damage, accident, delay or expenses resulting from the applicant's participation in the International Education Program. We also release the School Division 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 Education Program.

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

We understand that the applicant's participation in the Program may be terminated at the discretion of the Superintendent of Schools 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 Division rules, standards and instructions as set forth in the school's agenda, handbook and the International Student Participation agreement. This agreement with the School Division cannot be modified or interpreted except in writing by the Superintendent of Schools.

Name of Student

Student's signature

Date

I/WE THE PARENTS OF THE STUDENT SIGNING ABOVE, HAVE READ ALL THE ABOVE INCLUDING BOTH THE MEDICAL RELEASE AUTHORIZATION (CLAUSE 7) AND THE AGREEMENT AND RELEASE (CLAUSE 8) AND I/WE AGREE THAT WE WILL USE OUR BEST EFFORTS TO ENSURE THAT OUR CHILD HONOURS ALL THE OBLIGATIONS SET OUT AND WE AGREE TO BE BOUND BY THE RELEASE AND AUTHORIZATIONS.

Name of Father

Father's signature

Date

Name of Mother

Mother's signature

Date

The personal information requested by Grande Yellowhead Public School Division No 77 (GYPSD) on this form is being collected to coordinate the needs of both the international student and GYPSD in order to determine the best possible placement for the student. It is collected in accordance with the Freedom of Information and Protection of Privacy (FOIP) Act, the School Act and Regulations thereto, and is protected by the FOIP Act. If you have questions or concerns regarding the collection and the intended purposes, please contact the International Education Coordinator or the FOIP Coordinator of GYPSD at 780-723-4471 or 1-800-723-2564.



HIGH-RISK ACTIVITIES WAIVER FORM

We/I, parent(s) of _____ understand that our/my child may have the opportunity to participate in one or more high-risk activities with **his/her host parents** while in Canada. These activities could take place multiple times throughout your child’s stay in Canada.

Grande Yellowhead Public School Division No. 77 (GYPSD) cannot give its approval for your child to participate in these activities, which are not part of the educational program/agreement that your child or you, as his/her parent(s), have with this school division. You may consent to your child’s participation in these activities by signing below. In so doing, you agree to indemnify and hold harmless GYPSD, its employees, and its host families. You further acknowledge that these activities are not recommended, approved, or in any way arranged or supervised by GYPSD.

Please initial beside the high-risk activity you **allow your child to participate in** and sign below to confirm you have read this letter, and that you understand and accept that your child’s participation in these activities is solely your responsibility and completely at your discretion.

Parental initials	High-risk activities requiring natural parent consent	Parental initials	High-risk activities requiring natural parent consent
/	Back-country skiing	/	Quadding (ATVs)
/	Backpacking (back-country hiking/camping)	/	Waterskiing, Wakeboarding, Kneeboarding, Tubing, Seadooring
/	Bungee jumping	/	Indoor rock climbing
/	Cliff jumping	/	Outdoor rock climbing
/	Dirt biking	/	Skiing/snowboarding
/	Horseback riding	/	Snowmobiling
/	Hunting	/	Target shooting
/	Extreme Mountain biking	/	Trampoline parks
/	Paragliding	/	Whitewater kayaking and rafting
/	Ziplining/high-ropes park		

Parent/Guardian #1 name (please print)

Parent/Guardian #1 signature

Date

Parent/Guardian #2 name (please print)

Parent/Guardian #2 signature

Date

SKI AND SNOWBOARD CONTRACT – 2019/20

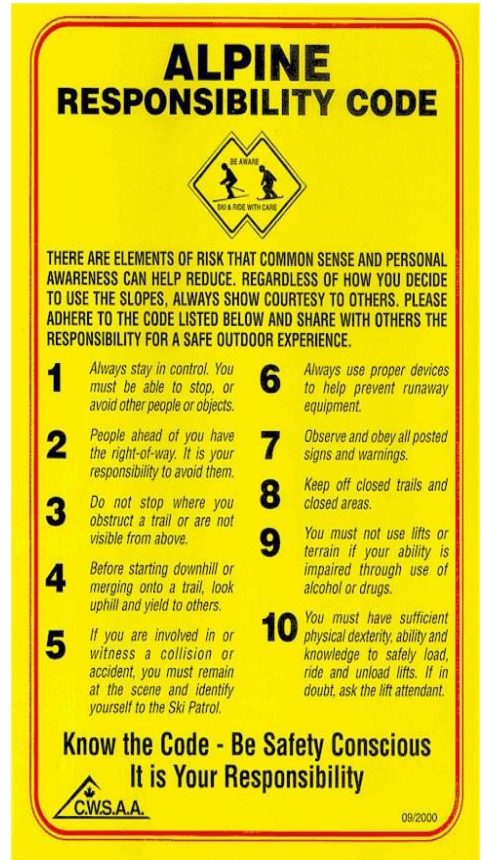
The following terms and conditions must be acknowledged and abided by students and acknowledged and accepted by natural parents in the Grande Yellowhead Public School Division (GYPSD) International Education Program. The purpose of this document is to require and support safe, responsible skiing/snowboarding by all students.

- 1) I will ski/snowboard safely and conscientiously at all times and follow the Alpine Responsibility Code (see box at right);
- 2) I will not ski/snowboard Out of Bounds or on closed runs.
(**Important:** ski resorts may revoke passes of students caught skiing/snowboarding Out of Bounds or on closed runs; **injuries may not be covered by medical insurance**);
- 3) I will not ski/snowboard on runs that exceed my ability level;
- 4) I understand that it is highly recommended that I not ski/snowboard alone and that I **should** always ski/snowboard with a friend/partner or in small groups. If I do choose to ski/snowboard alone I will carry a cell phone with me;
- 5) I will not build or use jumps unsanctioned by the local ski patrol;
- 6) I will not “invert” off of any jumps without my natural parents’ consent;
- 7) I will wear an **approved** helmet at all times as per the International Student Contract.

Failure to comply with the above-listed terms and conditions and/or any verbal instructions given by program or resort staff could result in natural parent notification, suspension of ski/snowboard privileges, and/or program probation.

STUDENT ACKNOWLEDGEMENT

I will be safe, responsible, and compliant with this contract and the Alpine Responsibility Code when I ski and/or snowboard.



Student name

Signature

Date

PARENT ACKNOWLEDGEMENT

I understand that my/our child may have the opportunity to ski/snowboard with the program, his/her host school, his/her host family, his/her friends, and/or alone. I accept the risks associated with my/our child skiing and/or snowboarding during his/her stay in Canada as part of GYPSD International Education Program and confirm my acceptance of the terms and conditions articulated above. I further acknowledge that it is my/our responsibility to inform the International Education Coordinator if my/our child requires learn-to-ski/snowboard lessons as provided by the ski resort in my child’s host community. I/we will cover the cost for these lessons payable to the local ski resort.

Parent/Guardian #1 name (please print)

Parent/Guardian #1 signature

Date

Parent/Guardian #2 name (please print)

Parent/Guardian #2 signature

Date



NATURAL PARENT ACKNOWLEDGEMENTS

Parents of students participating in the Grande Yellowhead Public School Division International Education Program must acknowledge and accept the following:

- 1) that GYPSD has no control over labour disputes and cannot be held responsible or liable for any loss suffered by my son/daughter due to a strike or other job action that may result in the failure to deliver educational programming and/or related services/opportunities including but not limited to school sports teams, clubs, field trips, and/or homework support;
- 2) that GYPSD cannot control the weather and/or other extraordinary or unforeseen circumstances or situations which may delay or prevent the delivery of school programming and/or program activities, events, or trips and cannot be held responsible or liable for any loss suffered by my son/daughter as a result; and
- 3) that the information in my son's/daughter's application documents will be shared with school district staff and his/her host family (prospective and confirmed) and may be shared with medical professionals, law enforcement, and/or government agencies as required to ensure his/her safety and well-being and/or to comply with the laws of Alberta and Canada.

Parent/Guardian #1 name (please print) Parent/Guardian #1 signature Date

Parent/Guardian #2 name (please print) Parent/Guardian #2 signature Date

NATURAL PARENT FINAL CONFIRMATIONS AND COMMITMENTS

Parents of students participating in the GYPSD International Education Program must confirm the following:

- 1) that my son/daughter has no history of criminal behaviour or sexual misconduct;
- 2) that my son/daughter does not have any undisclosed medical, psychological, physical, or emotional challenges or conditions such as drug or alcohol abuse, self-harming behaviours or eating disorders;
- 3) that I will stay in regular contact with my son/daughter for their duration of his/her stay in the program and immediately report any concerns about his/her health or well-being;
- 4) that the application form for my son/daughter as submitted to the program (directly or via an agency) is both accurate and complete;
- 5) that I will not permit my son/daughter to extend his/her stay in Canada beyond the "Program end date" indicated on his/her Letter of Acceptance
- 6) that I will fly to Canada on short notice and at my own expense if requested by the program (and at its sole discretion) in the event of a medical emergency, mental health issue, legal problem, and/or program release/dismissal that requires me to accompany my son/daughter for the return trip to our home country; and
- 7) that I know of no reason why my son/daughter cannot successfully participate in the GYPSD International Education Program.

Parent/Guardian #1 name (please print) Parent/Guardian #1 signature Date

Parent/Guardian #2 name (please print) Parent/Guardian #2 signature Date