

Victoria International Student Programs

Name of referring agency, if applicable.

I am applying for the following programs:

- A.** Academic High School Program (complete pages 1-4) **C.** Short-Term High School Experience Program (complete pages 1-3)
- B.** Academic Transition Program (complete pages 1-3) **D.** Camp Victoria Summer Program (complete pages 1-3)

Many students applying to VISP can enjoy the convenience of registering and paying on-line. Please visit our website for more information: studyinvictoria.com

General Information

(Please complete all sections in English – PLEASE PRINT CLEARLY)

Student's Family Name _____

Student's Given Name _____

Student's English Name (if any) _____

Sex Male Female

Date of Birth Day _____ Month _____ Year _____

Father's Name _____

Mother's Name _____

Father's Occupation _____ Mother's Occupation _____

Home Address _____

City _____

Country _____ Postal Code _____

Home Tel _____ Fax _____

Father's Work Tel _____ Fax _____

Mother's Work Tel _____ Fax _____

Email _____

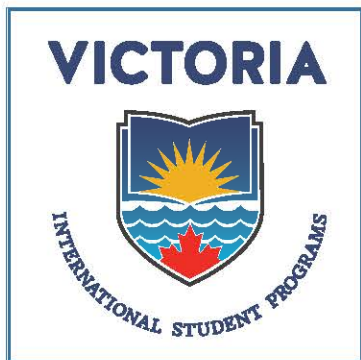
Emergency Contact Person (other than parents)

Name _____

Address _____

Telephone _____ Fax _____

Email _____



(Please attach a recent photograph of yourself in the space above).

Personal Information

Do you have any brothers or sisters? Yes No

Sibling's Name _____

Age _____ Sex Male Female

Sibling's Name _____

Age _____ Sex Male Female

Sibling's Name _____

Age _____ Sex Male Female

Do you play a musical instrument? Yes No

If yes, what kind, and for how long? _____

Can you read music? _____

Do you have any dance training or experience? Yes No

If yes, how long have you studied dance? _____

List any pets you have _____

What are your hobbies and interests? _____

What sports do you play? _____

What are your favourite courses in school and why? _____

How long have you studied English? _____

If you attend church or temple, please indicate type _____

Describe briefly why you wish to participate in the Victoria International Student Programs

Have you ever travelled or studied abroad before? Yes No

If yes, where? _____

Homestay and Custodian (Guardian)

Immigration, Refugees and Citizenship Canada (IRCC) requires that each student have a custodian (guardian) in the community. We are willing to accept this responsibility should you wish.

Please indicate your preference:

- I want Victoria International Student Programs to be the custodian for my child and to arrange homestay placement.
- I have arranged for an adult custodian in Victoria. I recognize and accept this will require a privately-arranged homestay, and that I must submit a notarized declaration of custodianship to the program office.

Custodian Information:

Name _____

Relationship to Student _____

Occupation _____

Address _____

Postal Code _____

Telephone _____

Email _____

Parent's Signature _____

Date _____

Privately-arranged homestay information:

Name _____

Address _____

Postal Code _____

Home Telephone _____

Work Telephone _____

Email _____

Relationship _____

Additional Information

Please tell us how you found out about our programs

- Friend or Family
 - Education Fair
 - Newspaper or Magazine
 - Canadian Embassy/Consulate
- _____
- _____
- _____

Homestay Information

Please fill out this section completely.

Describe your personality

- Shy
- Outgoing
- Organized
- Like to talk
- Quiet
- Like to be active
- Like to study
- Independent
- Friendly

Family/lifestyle preferences

- Like small children/babies
- Grandparents in home are okay
- Single-parent family is okay
- Prefer other young people in home
- Other _____
- Like children aged 6-12
- Prefer a quiet home
- Prefer an active family
- Like pets

Food preferences

Describe favourite foods _____

Describe least favourite foods _____

Additional information to help with homestay family selection or school placement _____

What hobbies and/or interests would you like to pursue outside of school? _____

Medical Information

Complete and accurate medical information is required.

Do you have allergies? Yes No

If yes, please describe, and provide a letter from your doctor:

Do you have any ongoing health concerns? Yes No

If yes, please describe _____

Do you regularly take any medication? Yes No

If yes, please describe _____

Do you smoke cigarettes? Yes No

Note: Students are required to purchase medical insurance as arranged by Victoria International Student Programs.

Name _____	Birth Date _____	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
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I am applying for the following program(s) (Please complete appropriate sections in English – PLEASE PRINT CLEARLY)

- A.** Academic High School Program **C.** Short-Term High School Experience Program
 B. Academic Transition Program (ATP) **D.** Camp Victoria Summer Program

A. Academic High School Program
B. Academic Transition Program

Please complete this section if you are applying for the Academic High School Program and/or the Academic Transition Program.

Education Goals

I am currently in grade _____ and I wish to apply for grade _____. I will be in Victoria for (select one OR MORE of the following options):

Academic Transition Program One semester
 One Year Longer than one year

I wish to:

Graduate in British Columbia Develop English skills only

When I have completed this program I intend to:

Apply to a Canadian/US college or university
 Apply to a university or college in my home country
 I will not be applying to university or college
 Other _____

I plan to begin my studies in (select one OR MORE of the following options, please check our website for start dates):

ATP Preferred start date: _____
 Semester 1: September–January Preferred start date: _____
 Semester 2: February–June Preferred start date: _____

I am currently _____ years old.

C. Short-Term High School Experience Program

Please complete this section if you are applying for the Short-Term High School Experience Program.

I am applying to attend the Short-Term Program for a period of:

3 months 4 months

Preferred start date:

September February

I am currently _____ years old. I want to be placed in grade _____

D. Camp Victoria Summer Program

Please complete this section if you are applying for the Camp Victoria Summer Program

I am applying to attend Camp Victoria for a period of:

2 weeks 3 weeks 4 weeks
 5 weeks 6 weeks

Preferred start date (Monday): _____

Method of Payment Fees required at time of application

Academic Program Short-Term Program - payment in full (Application fee)
 Academic Transition Program Camp Victoria Program - payment in full (Application fee)

Visa MasterCard

Cardholder's Name _____
 Credit Card Number _____
 Expiry Date _____
 I hereby authorize payment of \$ _____ (Canadian funds)
 Cardholder's Signature _____

Cheque or Bank Draft
 Make cheques/bank drafts payable to Victoria International Student Programs.

Wire Transfer
 Ensure the student's full legal name is indicated on wire transfer payments.

Greater Victoria School District – International Student Program
 Canadian Imperial Bank of Commerce · 1175 Douglas Street, Victoria BC Canada
 Account number 40-12410 · Bank No. 010, Transit No. 00090 · Swift Code: CIBCCATT

Refund Policies

Please refer to the VISP Application Information brochure for program refund policies, as well as additional terms and conditions.

Consent

By checking this box, I give consent for Victoria International Student Programs to share student name, school placement, grade level and student and parent email addresses with our third party service providers. Vital English and Survey Monkey require this information to administer our language proficiency assessment and satisfaction survey respectively. This data is stored on a server located outside of Canada.

Student's signature _____
 Parent's signature _____
 Date _____

Name _____ Birth Date _____ Sex Male Female

Academic High School Program

Please complete this section if you are applying for the Academic High School Program

Academic Information

Required Courses

In order to graduate from a British Columbia high school, students are required to take the following courses:

- English Language Learning (ELL)
- English
- Math
- Social Studies
- Science (Please check one): Physics Chemistry Biology
- Physical Education (Grades 8-10 only)
- Applied Skills/Business Education/Fine Arts
- Planning
- Graduation Transitions

Electives

Students are also required to take elective courses that match their personal needs and interests. Elective courses fall within three (3) categories: Applied Skills, Business Education, and Fine Arts.

Please indicate a total of eight (8) areas of interest from the categories below and in the next column. Every effort will be made to accommodate personal interests, however, we cannot guarantee elective course availability or placement.

Applied Skills

- | | |
|---|--|
| <input type="checkbox"/> Automotives | <input type="checkbox"/> Food Studies |
| <input type="checkbox"/> Clothing and Textiles | <input type="checkbox"/> Home Economics |
| <input type="checkbox"/> Cook Training | <input type="checkbox"/> Hospitality/Tourism |
| <input type="checkbox"/> Construction/Woodworking | <input type="checkbox"/> Mechanics |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> Metalwork |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Theatre Production |
| <input type="checkbox"/> Family Studies | |

Business Education

- | | |
|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Economics |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Computer Applications | <input type="checkbox"/> Keyboarding |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Data Management | <input type="checkbox"/> Office Procedures |
| <input type="checkbox"/> Data Processing | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Entrepreneurship | |

Fine Arts (Performing Arts)

- Band (Concert, Jazz, Marching, Stage, Strings, Orchestra)
- Choral (Concert, Jazz)
- Drama/Acting
- Dance (General, Choreography, Performance)
- Music (Composition, Computer, Contemporary, Electronic)
- Theatre (Musical, Performance)

Visual Arts

- | | |
|---|--|
| <input type="checkbox"/> Art (General) | <input type="checkbox"/> Media Studies |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Digital Imaging | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Drawing/Painting | <input type="checkbox"/> Video Arts |
| <input type="checkbox"/> Graphic Design | |

Personal Interests

What are your favourite courses at school and why?

How long have you studied English? _____

What sports do you play? _____

For Program Office Use Only.

Name _____ Birth Date _____ Sex Male Female