



District Form: 501.7.1

Section 1: Application for International Students to Study in Lethbridge School District No. 51

(Please complete application using computer. Look for the data fields that have drop-down menus to simplify your entries)

Last Name (Family)	<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>		
Name you prefer to be called	<input type="text"/>	Birthdate	<input type="text"/>	Age	<input type="text"/>	Gender	<input type="text"/>
Passport Number	<input type="text"/>	Passport Issued	<input type="text"/>	Passport Expiry	<input type="text"/>		
Mailing Address (Street or Box)	<input type="text"/>						
City	<input type="text"/>	Province/State	<input type="text"/>				
Country	<input type="text"/>	Postal/Zip Code	<input type="text"/>	Telephone	<input type="text"/>		
Student's Email	<input type="text"/>						

Parent Information

Father's Last Name	<input type="text"/>	First Name	<input type="text"/>	Occupation	<input type="text"/>
Father's Birthdate	<input type="text"/>	Father's Email	<input type="text"/>	Who has legal custody of you?	<input type="text"/>
Mother's Last Name	<input type="text"/>	First Name	<input type="text"/>		
Mother's Birthdate	<input type="text"/>	Mother's Email	<input type="text"/>	Occupation	<input type="text"/>

Are your parents responsible for paying your tuition?

Yes No If no, then who?

In which languages are you fluent?

Chinese French German Japanese Korean Portuguese Spanish Other

How fluent are you in English?

Beginner Intermediate Advanced Last Grade Level in which you completed an English Class

Last school attended?

Current grade level	<input type="text"/>	Last mark/grade you received in an English Class	<input type="text"/>		
Name of School	<input type="text"/>	Name of Principal/Headmaster	<input type="text"/>		
Mailing Address (Street or Box)	<input type="text"/>	City	<input type="text"/>	Phone	<input type="text"/>
Province/State	<input type="text"/>	Country	<input type="text"/>	Postal/Zip Code	<input type="text"/>

Agent or name of person paying for the program (if different than parents)

Agent's Last Name	<input type="text"/>	Agent's First Name	<input type="text"/>		
Company Name	<input type="text"/>	Email	<input type="text"/>		
Mailing Address (Street or Box)	<input type="text"/>	City	<input type="text"/>	Phone	<input type="text"/>
Province/State	<input type="text"/>	Country	<input type="text"/>	Postal/Zip Code	<input type="text"/>

Program for which you are applying (Check all that apply)

Semester 1 only (Sept. to Jan.) Semester 2 only (Feb. to Jun.) Full Year (Sept. to Jun.) Indicate your program of interest

Indicate your preferred school placement (Subject to available space)

Are you planning to continue schooling in Canada/USA to the College or University Level? If yes, where do you plan to study?

How did you find out about Lethbridge School District International Services? (Select one or type your answer if it is not in the selection list)

Section 2: Medical Insurance

International students must purchase medical insurance through our school district. Our group insurance covers sickness and accidents including: prescriptions, emergency dental, emergency medical evacuation, emergency family transportation, trips outside of Canada, doctor's visits, ambulance, repatriation.

Insurance rates and detailed information regarding the coverage provided are available on our International Services website.

Fees for District Medical Insurance are based on length of stay.
Please estimate your arrival and departure dates as closely as possible.

Estimated Arrival Date?	<input type="text"/>	Estimated Departure Date?	<input type="text"/>	Name of Family Doctor	<input type="text"/>
Name of Clinic in Home Country	<input type="text"/>			Phone	<input type="text"/>
Clinic Address (Street or Box)	<input type="text"/>			City	<input type="text"/>
Province/State	<input type="text"/>	Country	<input type="text"/>	Postal/Zip Code	<input type="text"/>
Email	<input type="text"/>		Fax	<input type="text"/>	

List any physical handicaps, medical conditions or allergies you feel we should know about

Please note that our **Medical Record** form must be completed and submitted with your application.

Section 3: Homestay Application

Homestay for Lethbridge School District No. 51 is arranged through Canada Homestay Network at <http://www.canadahomestaynetwork.ca/lethsd.shtml>

I need a homestay and will apply for it at <http://www.canadahomestaynetwork.ca/lethsd.shtml>

I have arranged my own homestay.

Complete the information below if you have arranged your own homestay

Homestay Last Name Homestay First Name

Relationship to me

Mailing Address (Street or Box)

City/Town Homestay Email

Postal/Zip Code Phone

Section 4: Signatures of Student Applicant and Parents

I understand that information I have provided on this application form will be used to find the best possible school placement and homestay for me. I agree that Lethbridge School District No. 51 and Canada Homestay Network Society cannot guarantee that all of my personal preferences will be met. I authorize Lethbridge School District No. 51 and Canada Homestay Network Society to release the information on this homestay application form to my school and my homestay family.

I am aware that I must abide by all rules and regulations of Lethbridge School District No. 51, Canada Homestay Network Society, and the laws of Canada or I may be sent home at my own expense. I acknowledge that there will be no refund of tuition nor homestay fees if I am sent home.

I agree to indemnify and hold harmless Lethbridge School District No. 51 and Canada Homestay Network Society, their elected officials and officers, employees, agents, volunteers and representatives, or any of them, from any claims, demands, expenses, costs (including legal costs), suits, debts, liabilities and causes of action for which they may become liable as a result of any personal injury or property damage that I, the parent or the student cause or contribute, or are held responsible for, jointly or severally, in connection with the student's participation in study in Canada, including a homestay placement and from any financial obligations the student may incur. Furthermore, I certify that all information provided on and within this application is complete, factually accurate and honestly represented. Should it be discovered that false information was provided on this form, or true information was omitted from this form, I can be sent home at my own expense.

I further understand that the information furnished on this application, together with information and materials of any kind pertaining to this student received by Lethbridge School District No. 51 International Services from any source becomes the property of Lethbridge School District No. 51 International Services and cannot be returned.

Signature of Student Applicant: _____ Date: _____

Signature of Parent(s)/Guardian: _____ Date: _____

(Father's signature)

(Mother's signature)

Date: _____

Section 5: Application Package Checklist

Your application package must include all of the items indicated below.
Please use this checklist to ensure your application package is complete.

- Section 1: Application to study in Lethbridge is complete
- Section 2: Medical Insurance Application is complete
- Section 3: Application for Homestay placement is complete
- Section 4: Student and parent signatures is complete
- I have included a copy of my birth certificate or passport
- I have included a transcript (in English) of my school marks for the past two years
- I have included two letters of reference, one from my teacher and one from my Principal/Headmaster
- I have included a one page letter written by me indicating why I want to study in Canada
- I have included or already paid my study application fee
- I have completed and submitted the required Medical Record form, with an attached written explanation for each "yes" response.

Please do not send original documents.

(Attested copies of transcripts may be required for students seeking an Alberta High School Diploma)

Mail your completed application package to:

International Services
Lethbridge School District No. 51
433 - 15th Street South
Lethbridge, Alberta, Canada, T1J 2Z5

(If your application package is in any way incomplete, we will be unable to evaluate or process your application.)

The Program Application Fee is non-refundable.