Lethbridge School District No. 51 International Services

Lethbridge School District No. 51 433 - 15th Street South Lethbridge, Alberta, Canada

T1J 2Z5 Phone: 403-380-5323

Fax: 403-327-4387

www.internationalservices.lethsd.ab.ca

Postal/Zip Code

District Form: 501.7.1				
Section 1: Application for International Students to Study				
in Lethbridge School District No. 51 (Look for the data fields that have drop-down menus to simplify your entries)				
Last Name (Family)	First Name	Middle Name		
Name you prefer to be called	Birthda	ate Age Gender		
Passport Number	mber Passport Expiry Date			
Mailing Address (Street or Box)				
City Province/State				
Country	Postal/Zip Code	Telephone		
Student's Email				
	Parent Ir	nformation		
Father's Last Name	First Name	Occupation		
Father's Birthdate Father's I	Email	Who has legal		
Mother's Last Name	First Name	custody of you?		
Mother's Birthdate Mother's	Email	Occupation		
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 Last mark/grade you received in an English Class				
Name of School	1	Name of Principal/Headmaster		
Mailing Address (Street or Box)		City Phone		

Country

Province/State

Agent or name of person paying for	the program (if different than parents)				
Agent's Last Name	Agent's First Name				
Company Name	Email				
Mailing Address (Street or Box)	City Phone				
Province/State Country	Postal/Zip Code				
Program for which you are	applying (Check all that apply)				
Semester 1 only (Sept. to Jan.) Semester 2 only Full Year (Sept. to Jun.)	Indicate your program of interest				
Indicate your preferred school placement (Subject to available space)					
	res, where do you in 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? Estimated Departure Date	e? Name of Family Doctor				
Name of Clinic in Home Country	Phone				
Clinic Address (Street or Box)	City				
Province/State Country	Postal/Zip Code				
Email	Fax				
List any physical handicaps, medical conditions or allergies you feel we should know about					

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 http://www.canadahomestaynetw	for it at ork.ca/lethsd.shtml	☐ I have arranged my own homestay.
Complete the inforr	mation below if you	have arranged your own homestay
Homestay Last Name	Hc	mestay First Name
Relationship to me		
Mailing Address (Street or Box)		
City/Town	Hc	mestay Email
Postal/Zip Code		Phone
Section 4: S	Signatures of Stu	dent Applicant and Parents
agents, volunteers and represent costs), suits, debts, liabilities and or property damage that I, the part	atives, or any of them, from causes of action for which t rent/guardian or the studen	istrict No. 51, its elected officials and officers, employees, any claims, demands, expenses, costs (including legal hey may become liable as a result of any personal injury to cause or contribute, or are held responsible for, jointly of dy in Canada and from any financial obligations the
honestly represented. I further un and materials of any kind receive	derstand that the information does not be detected that the information described by Lethbridge School Dis	hin this application is complete, factually accurate and on furnished on this application, together with information trict No. 51 International Services from any source sternational Services and cannot be returned.
Signature of Student Applicant: _		Date:
Signature of Parent(s)/Guardian:		Date:
	(Mother's signature)	

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 teache	er 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				

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.