

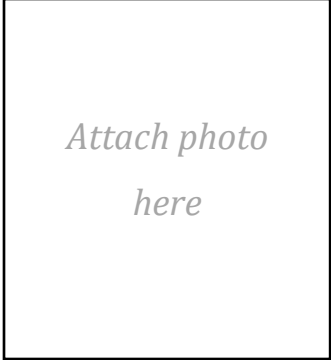


ROCKY MOUNTAIN INTERNATIONAL STUDENT PROGRAM

School District No. 6 (Rocky Mountain)
PO Box 70, 8676 Highway 95A
KIMBERLEY, BRITISH COLUMBIA
V1A 2Y5 CANADA
TEL: 250-427-2245 FAX: 250-342-6966

ROCKY MOUNTAIN
INTERNATIONAL STUDENT PROGRAM

APPLICATION FORM - 2018/19



Name (per your passport): _____

Preferred name: _____
First name Last name

Date of birth: ____/____/____ Gender: M F
Day Month Year

Country of birth: _____ Native language: _____

Passport: _____ Passport #: _____ Expiry: _____
Country Date

Street address: _____

City: _____ Province/State: _____

Country: _____ Postal code: _____ Home phone: _____

Student mobile phone: _____ Student email: _____

PROGRAM TYPE

Full year Semester Short-term for ____ month(s) Start date: _____
Month, year

Location: 1) _____ 2) _____ 3) _____
Note: choices include Revelstoke, Golden, Invermere, Kimberley, Cranbrook, Fernie, and Sparwood (space permitting)

I am currently in grade ____ in my home country. Requested grade in British Columbia: _____

Do you want to graduate in British Columbia? Yes No If yes, in how many years? _____
Note: the graduation program for international students usually takes 2 - 3 years or more to complete.

Are there any academic or elective courses required to confirm your acceptance? Yes No

If yes, please list: _____

FAMILY INFORMATION

Student lives with: Mother & Father Mother Father Other: _____

Parent/Guardian Information

	Parent/Guardian 1	Parent/Guardian 2
Full name		
Date of birth	(dd/mm/yyyy)	(dd/mm/yyyy)
Home address		
Home phone		
Work phone		
Mobile phone		
Email address		
Occupation		
English level	Please circle: Beginner Intermediate Advanced Proficient	Please circle: Beginner Intermediate Advanced Proficient
Citizenship		

Important: please include country code and area code for all phone numbers

Sibling name(s)	Age	Gender	School/Occupation	Living at home?
_____	___	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	___	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	___	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	___	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT PERSON (adult friend or relative)

Name: _____ Speaks English? Y | N
Family name Given name(s)

Relationship to student: _____ Location: _____
City/Country

Phone number: _____ Email: _____

**This person will only be contacted if the parents/guardians listed above cannot be reached.*

MEDICAL HISTORY (to be completed with or reviewed by student's doctor)

Indicate with an "X" if you have or have had any of the following illnesses/conditions:

	Yes	No		Yes	No		Yes	No
Allergies (if serious)	___	___	Hepatitis	___	___	Scarlet Fever	___	___
Asthma	___	___	Malaria	___	___	Seizure	___	___
Broken bone(s)	___	___	Measles	___	___	Sexually Transmitted Disease (STD)	___	___
Cancer/tumours	___	___	Migraine headaches	___	___	Thyroid disease	___	___
Celiac Disease	___	___	Mumps	___	___	Tuberculosis	___	___
Chicken Pox	___	___	Pertussis	___	___	Ulcer	___	___
Concussion	___	___	Rheumatic Fever	___	___	Other _____	___	___
Diabetes	___	___	Rubella	___	___			

If you indicated "yes" to any of the above, please tell us when you had the illness/condition and if it requires ongoing treatment and/or special support at school or from a homestay family:

Do you have any ongoing health concerns not mentioned above? If yes, please specify the illness/condition: _____

Do you take any medications (prescription or non-prescription) on a regular basis? If yes, please specify the medication and the condition/illness: _____

Have you ever had surgery? If yes, please explain why: _____

Do you have a physical handicap? If yes, please describe: _____

Important: The Rocky Mountain International Student Program does not discriminate against applicants with physical disabilities but may not be able to accommodate all students depending on their individual requirements.

Have you ever been treated for an addiction (eg. drugs, alcohol)? If yes, please describe: _____

Have you ever had a psychological issue or condition (eg. eating disorder, depression) that required professional treatment and/or prescription medication? If yes, please describe: _____

DOCTOR'S CONFIRMATION: I have reviewed the above information and can confirm, to the best of my knowledge, that it is accurate and complete. My assessment of the applicant's suitability for studying abroad in a foreign country based on his/her medical history is as follows:

Excellent Good Fair Poor Unsuitable

(doctor's signature)

(date)

Stamp of doctor, clinic or hospital

ACADEMIC HISTORY

The Rocky Mountain International Student Program prioritizes applicants with good academic records and positive attitudes towards school. Your evaluation of this applicant will assist us in the selection process. Please complete this form in English. Thank you for your assistance. The ACADEMIC HISTORY page of this application package is to be completed by a TEACHER or ADMINISTRATOR at the applicant's current school (if possible, the applicant's English teacher).

Applicant's name: _____ Grade: _____
Family name Given name(s)

How long have you known the applicant? _____ Have you taught him/her? Yes No

Please rate the applicant's attitude toward school: Excellent Good Fair Poor

Has the applicant ever missed or repeated a year of school? If yes, please explain: _____

Does the applicant have learning challenges/support needs? If yes, please explain: _____

How often is the applicant absent from school? Rarely Sometimes Frequently

How often is the applicant late for school? Rarely Sometimes Frequently

Has the applicant ever been suspended or expelled from school? If yes, please explain: _____

How does the applicant get along with his/her classmates? _____

PLEASE RATE THE APPLICANT'S ABILITY IN THE ENGLISH LANGUAGE

	Beginner	Intermediate	Advanced	Proficient
Listening	_____	_____	_____	_____
Speaking	_____	_____	_____	_____
Reading	_____	_____	_____	_____
Writing	_____	_____	_____	_____

Based on your knowledge of the applicant, do you believe he/she will have a productive and enjoyable academic experience in Canada? Definitely Probably Maybe Unlikely

Additional comments: _____

Teacher/Administrator name (please print)

Signature

*(please place official
school stamp or seal
in this box)*

Position

Date

EDUCATIONAL GOALS

Why do you want to participate in the Rocky Mountain International Student Program?

Please list the courses you would like to take. Your preferences will be considered but cannot be guaranteed due to timetable considerations and limits on class sizes.

I really want to take:	I would also like to try:

Please list the extra-curricular activities (sports teams and clubs) you are interested in below:

I have a strong interest in:	I might also like to try:

After participating in the Rocky Mountain International Student Program (RMISP) I plan to:

- Return to high school in my home country
- Apply to attend a university or college in Canada or the United States
- Apply to attend a university or college in my home country
- Other (please explain): _____

Important: It is the responsibility of the student and his/her parent(s) to understand admission criteria and course requirements for any post-secondary institution to which the student may apply. Graduation from a British Columbia high school does not guarantee acceptance at any post-secondary in British Columbia or elsewhere.

Have you taken an English proficiency exam? TOEFL IELTS SLEP Other: _____

If yes, please indicate the date and your score: _____

Please describe yourself as a student: _____

What is/are your favourite class(es)? _____

What is/are your least favourite class(es)? _____

PERSONAL PROFILE

Indicate with an "X" if you enjoy any of the following activities:

Sports and Recreation

- Downhill skiing _____
- Swimming _____
- Ice hockey _____
- Fishing _____
- Soccer _____
- Snowboarding _____
- Martial Arts _____
- Horseback riding _____
- Squash _____
- Baseball _____
- Volleyball _____
- Wrestling _____
- Badminton _____
- Tennis _____
- Golf _____
- Cross-country skiing _____

- Basketball _____
- Lifting weights _____
- Hiking _____
- Mountain biking _____
- Water Skiing _____
- Cycling _____
- Table Tennis _____
- Jogging/Running _____
- Curling _____
- Canoeing _____
- Sailing _____
- Arts and Entertainment**
- Photography _____
- Painting _____
- Drawing/Sketching _____
- Dance _____
- Theatre (acting) _____

- Writing _____
- Singing _____
- Music _____
- Hobbies and Pastimes**
- Playing cards _____
- Listening to music _____
- Cooking _____
- Sewing _____
- Surfing the Internet _____
- Video games _____
- Reading _____
- Debating _____
- Learning languages _____
- Travel _____
- Anything else?**
- _____
- _____

Have you ever travelled outside of your own country? Yes No If yes, where? _____

Have you ever lived away from your parents? Yes No If yes, please explain: _____

What foreign languages do you speak and how long have you been studying them?

Language: _____ Years of study: _____

Language: _____ Years of study: _____

Language: _____ Years of study: _____

Do you play a musical instrument? Yes No If yes, please list: _____

Do you follow a special diet? If yes, check the appropriate box and provide details below:

Vegan Vegetarian Diabetic Food allergy Gluten-free Other: _____

Note: special diets may require additional homestay fees to offset increased costs to host families.

Do you use tobacco or alcohol? Yes No If yes, are you prepared to stop? Yes No

Are you a member of any clubs or sports teams? Yes No If yes, please list: _____

ACCOMMODATION ARRANGEMENTS

All students participating in the Rocky Mountain International Student Program must live with their parent(s), a legal guardian or an assigned homestay family. Students are not permitted to live independently or with friends.

Do you require a homestay placement? Yes No If no, with whom will you be living?

Name: _____ Relationship to student: _____

Address: _____ Phone: _____

HOMESTAY QUESTIONNAIRE (complete only if you checked the "Yes" box above)

What are your household responsibilities (chores) at home? _____

Do you receive help with your homework at home? Yes No

How much time do you spend studying at home? _____

What do you like to do with your family? _____

Do you have a curfew at home? Yes No If yes, what time is it? _____

Would you prefer to walk or take a school or city bus to school? _____

Would you prefer a placement in town or in a rural area near town? _____

Are you comfortable with pets? Yes No If no, what pets are unacceptable? _____

Do you have any medical conditions your homestay family should be aware of? Yes No
If yes, please explain: _____

Do you consider yourself religious? Yes No My religion: _____

Important: Are you tolerant of other religions and able to attend school with students and/or live with a host family that has a different religion from you or no religion at all? Yes No Note: there may not be a congregation of your faith with whom you can worship in your host community. Please discuss this with your parents prior to applying if regular worship/fellowship is important to you.

Please tell us about your ideal homestay placement. Number your preferences from 1 – 7 (with 1 being your top choice).

- ___ a family with two parents and young children
- ___ a family with two parents and older children
- ___ a single parent home with children
- ___ a single male (no children)
- ___ a single female (no children)
- ___ a couple (male/female) with no children
- ___ other (please describe): _____

Important: we will make every effort to place you in a home that aligns with your top choices but cannot guarantee a particular placement. Host families may host up to two international students at one time.

PHOTO INTRODUCTION

Please attach the photos requested below and write a little caption for each one to explain it. Important: these photos should be glued to the page and will not be returned.

PHOTO #1
A picture of you

PHOTO #2
A picture of your family

PHOTO #3
A picture of your home

PHOTO #4
A picture of you doing something you
enjoy (hobby, activity, club)

APPLICATION PROCESS CHECKLIST

STEP ONE: submission of application. Please mail, fax or email us the following:

- ___ a completed Student Application Form (this document)
- ___ a completed Program Participation Form
- ___ a completed Ski/Snowboard Contract
- ___ a clear photocopy of the applicant's vaccination/immunization record
- ___ applicant's report cards for the last two years (copy of original plus English translation)
- ___ a clear photocopy of the information page of the applicant's passport
- ___ clear photocopies of the information page of the applicant's parents' passports
- ___ \$250 non-refundable application fee (see below for payment details)

Please review your Student Application Form and ensure it includes all of the required information and signatures. Application packages will not be processed until all of the above-listed items have arrived. You will receive a confirmation email once your package is complete and ready for review. Note: we recommend that you print and keep a copy of this application document for your own records.

STEP TWO: processing of application. Applicants will receive an email acknowledging the completed processing of their application package. Successful applicants will be asked to do the following:

- ___ pay all remaining fees

Once the applicant's fees have been paid, an official Letter of Acceptance will be issued along with a notarized Custodianship Agreement letter (if required).

STEP THREE: processing of visa and/or study permit (if required*). Upon receipt of the Letter of Acceptance and Custodianship Agreement, immediately do the following:

- ___ visit the Immigration, Refugees, and Citizenship Canada (IRCC) website to determine next steps for students of your nationality
- ___ complete the application form and upload the required documents as required
- ___ wait to receive a visa/study permit approval notification from IRCC

** students from visa-exempt countries studying in Canada for periods of less than six months do not require study permits.*

Important: staff of the Rocky Mountain International Student Program have no influence over the visa/study permit application process. Please direct all enquiries regarding your visa/study permit status to IRCC via its website or your local consulate/embassy.

STEP FOUR: confirmation of participation. Upon notification of your visa and/or study permit approval, contact us by fax or email with a copy of the IRCC letter and do the following:

- ___ notify RMISP staff of your flight details and arrival time
- ___ download a copy of the International Student Handbook*
- ___ begin the RMISP online orientation (link to be provided)

The **International Student Handbook has useful information on preparing for your study-abroad experience in the Rocky Mountain International Student Program. Please read it prior to departure.*

REFUND POLICY

All requests for refunds must be made in writing to School District No. 6 (Rocky Mountain). Refund requests must include the original Letter of Acceptance issued by School District No. 6 (Rocky Mountain) and/or the Rocky Mountain International Student Program as well as any relevant supporting documentation from Immigration, Refugees, and Citizenship Canada (IRCC).

A **full refund**, less application fees, will be given if IRCC does not approve a student visa and/or study permit. To obtain a full refund, contact us immediately to inform us of the visa/study permit rejection via email, fax or telephone. Following that, a written request for a refund must be made within 60 days of the visa rejection.

A **2/3 refund**, less application fees, will be given when a student withdraws from the Rocky Mountain International Student Program or becomes a landed immigrant or permanent resident prior to the first day of the student's term of study.

A **1/2 refund**, less application fees, will be given when a student withdraws from the Rocky Mountain International Student Program or becomes a landed immigrant or permanent resident after the term of study has begun but before 30 calendar days have elapsed from the beginning of the study period.

No refund may be granted to:

- a student who withdraws from the Rocky Mountain International Student Program after 30 calendar days from the commencement of the term of study;
- a student who withdraws or becomes a landed immigrant or permanent resident after 30 days from the commencement of the program;
- a student who is dismissed from the Rocky Mountain International Student Program for breaking the law, breaching the terms of his/her study permit or failing to abide by the terms and conditions detailed in the Program Participation Form; or
- a student who submits false or misleading information in their application.

By signing below, we acknowledge and accept the terms and conditions of this refund policy and certify that the information on this form and in documents submitted in support of this application is complete, authentic, and true.

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

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

PAYMENT INFORMATION

ELECTRONIC BANK TRANSFER (to wire money)

School District No. 6 (Rocky Mountain)
Kootenay Savings Credit Union
Box 2580
Invermere, British Columbia V0A 1K0 Canada

* Please put the student's full name on the wire transfer.
* Please notify us once the money has been wired.

** Please contact us directly to obtain our wire transfer details including our institution number, transit number, account number, and Swift Code.*

R M I S P

STUDY IN CANADA



Rocky Mountain International Student Program

555 McKenzie Street

Kimberley, British Columbia, Canada V1A 2C1

Tel: 250-427-2245 | Fax: 250-342-6966

