

Victoria International High School 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 ESL Summer Program (complete pages 1-3)

Many students applying to VIHSP can enjoy the convenience of registering and paying on-line. Please visit our website for more information: www.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? _____

Can you read music? _____

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 High School Programs

Have you ever travelled or studied abroad before? Yes No

If yes, where? _____

Homestay Request

I will require a homestay: Yes No, I have a homestay arranged with:

Name _____

Address _____

Postal Code _____

Home Telephone _____

Work Telephone _____

Email _____

Relationship _____

Homestay Information

Describe your personality

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Like to be active |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Like to study |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Don't worry much |
| <input type="checkbox"/> Disorganized | <input type="checkbox"/> Easily worried |
| <input type="checkbox"/> Like to talk | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Friendly |

Family/lifestyle preferences

- | | |
|--|---|
| <input type="checkbox"/> Like small children/babies | <input type="checkbox"/> Like children aged 6-12 |
| <input type="checkbox"/> Don't like small children | <input type="checkbox"/> Prefer a quiet home |
| <input type="checkbox"/> Grandparents in home are okay | <input type="checkbox"/> Prefer an active family |
| <input type="checkbox"/> Single-parent family is okay | <input type="checkbox"/> Prefer no other children |
| <input type="checkbox"/> Prefer other young people in home | <input type="checkbox"/> Like pets |
| <input type="checkbox"/> No preferences | <input type="checkbox"/> Prefer no pets |
| <input type="checkbox"/> Other _____ | |

Food preferences

- | | |
|---|---|
| <input type="checkbox"/> Enjoy eating | <input type="checkbox"/> Like a big breakfast |
| <input type="checkbox"/> Eat small amounts | <input type="checkbox"/> Like a small breakfast |
| <input type="checkbox"/> Concerned about weight | <input type="checkbox"/> Know how to cook |
| <input type="checkbox"/> Enjoy Canadian food | <input type="checkbox"/> Enjoy eating new foods |
- 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

Do you have any allergies? Yes No

If yes, please describe _____

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 High School Programs.

Custodian (Guardian)

Citizenship and Immigration Canada (CIC) 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:

Yes, I want Victoria International High School Programs to be the custodian for my child.

I have arranged for an adult custodian in Victoria as follows:

Name _____

Relationship to Student _____

Address _____

Postal Code _____

Telephone _____

Fax _____

Email _____

Parent's Signature _____

Date _____

Additional Information

Please tell us how you found out about our programs

Friend or Family Education Fair

Newspaper or Magazine Canadian Embassy/Consulate

Please name Publication _____

Website (Please name) _____

Other (please specify) _____

Name _____ Birth Date _____ Sex Male Female

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 ESL 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):

ATP - Sept-January Preferred start date: _____
 ATP - February-June Preferred start date: _____
 ATP - April-August Preferred start date: _____
 Semester 1: September-January Preferred start date: _____
 Semester 2: February-June Preferred start date: _____

I am currently _____ years old

Legalization of Marks

Depending on their home country, some students may need their Canadian Marks legalized upon completion of their VIHSP Program. Will you need your marks legalized?

Yes No

C. Short-Term High School Experience Program

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

The Short-Term Program is available mid-September to mid-June. I am applying to attend the Short-Term Program for a period of:

1 month 2 months
 6 weeks 3 months

Preferred participation dates:
 Start **1 April 2019** Finish **30 April 2019**

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

D. Camp Victoria ESL Summer Program

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

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

2 weeks 4 weeks 6 weeks 8 weeks
 3 weeks 5 weeks 7 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 waived)

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 High School Programs.

Electronic Bank Transfer
 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: CIBCATT

Refund Policies

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

Media Consent

By checking this box, I give consent for interviews, photographs or videos of my child to be used on websites or publications produced by the Greater Victoria School District and/or Victoria International High School Programs, or its agents. Publications may include, but are not limited to brochures, bulletins, advertisements and websites.

Parent's Signature _____
 Date _____

Name _____ Birth Date _____ Sex Male Female