

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)
B. Academic Transition Program (complete pages 1-3)
C. Short-Term High School Experience 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
Date of Birth
Father's Name
Mother's Name
Father's Occupation
Mother's Occupation
Home Address
City
Country
Postal Code
Home Tel
Father's Work Tel
Mother's Work Tel
Email
Emergency Contact Person (other than parents)
Name
Address
Telephone
Fax
Email

Personal Information

Do you have any brothers or sisters?
Sibling's Name
Age
Sex
Sibling's Name
Age
Sex
Sibling's Name
Age
Sex
Do you play a musical instrument?
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?
If yes, where?



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

## 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 2020**      Finish **30 April 2020**

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