



Melina Keery, International Program Coordinator

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Duncan Christian School, 495 Beech Avenue, Duncan B.C., Canada, V9L 3J8

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STUDENT INFORMATION

Requested Date of Admission:		Grade Applied For:	
Student Surname (Family Name):		Student's Given Names (As shown on Passport):	
Preferred First Name (if different):		Gender: <input type="checkbox"/> Male or <input type="checkbox"/> Female	Birth Date (Year/Month/Day):
Student's Country of Citizenship:	Student's First Language:	Language mostly used at home:	Language Level: (circle) Beginner Intermediate Fluent
Physical Address in Student's Home Country:			
Mailing Address if different from Physical Address:			
Telephone Number in Home Country:		Student Email Address:	
Why does the student wish to attend Duncan Christian School:			

PARENT / GUARDIAN AND EMERGENCY CONTACT INFORMATION

The information below may be required for Custodianship documents. Please be sure your information is accurate.

Father Surname:		Father's Given Names:	
Father's Birthdate: Year/Month/Day	Father's Occupation:	Home Language:	Other Languages Spoken?
Father's Address if different from Student's address:			Home Country:
Father's Telephone Number:		Father's Email Address:	
Do you or have you applied for a Canadian Work or Study Permit or Permanent Residency Card? <input type="checkbox"/> Yes, please specify which? _____ <input type="checkbox"/> No. Please specify if you will be applying in future and for which: _____			
Mother's Surname:		Mother's Given Names:	
Mother's Birthdate: Year/Month/Day	Mother's Occupation:	Home Language:	Other Languages Spoken?
Mother's Address if different from Student's address:			Home Country:
Mother's Telephone Number:		Mother's Email Address:	

PARENT / GUARDIAN AND EMERGENCY CONTACT INFORMATION

Do you or have you applied for a Canadian Work or Study Permit or Permanent Residency Card? Yes, please specify which? _____
 No. Please specify if you will be applying in future and for which: _____

1) Emergency Contact Person in Home Country:	Telephone Number:	Email Address:
2) Local Contact Person (if available) responsible for student in Canada:		Email Address:
Relationship to student:	Telephone Number:	Physical Address:

STUDENT MEDICAL INFORMATION

What is the physical condition of the student?

Does your child have any life threatening medical conditions? If yes, please describe.

Is your child taking any medications? Please list:

Does your child have any of the following?

Diabetes Hearing Problem Heart Condition Asthma Vision Problem Contact Lenses Epilepsy Allergies
 Other _____

Briefly explain any health condition(s) or learning challenges:

STUDENT ACADEMIC INFORMATION

1) Schools attended – list the last two schools, starting with the most recent.

School	Grade	Location	Dates of Attendance

2) Has the student repeated any grades? Yes, or No

If yes, which grade did the student repeat? Grade: _____ Year: _____

3) Does the student have any academic struggles? Yes, or No

If yes, please explain. This will help the school to establish whether, and how we can meet the students needs.

4) Does the student have, or has he/she experienced any social problems? Yes, or No

If yes, please explain.

5) Please list the student's interests and hobbies (for example: soccer, piano, music).

6) Is there anything else you wish to share with the school?

STUDENT LIVING ARRANGEMENTS IN CANADA

Will the student be residing with parents in Canada?

Parent(s) that student will be living with in Canada

Address student will be living in Canada. If unknown please provide to school as soon as known.

Or will the student be requiring a homestay in Canada?

Yes, the student will require homestay while attending DCS. No, the student will live with one or both parents while attending DCS.

INTERNATIONAL STUDENT HOMESTAY INFORMATION (if applicable)

If you answered "Yes" to homestay, please answer the following questions, to help us find an appropriate homestay home.

Student's Name: _____

Does the student like young children? Yes, or No If so, what age(s) do you prefer? _____

Do you like pets, such as cats or dogs? Yes, or No

Are there any foods the student is unable to eat? Please list. _____

Does the student have any siblings? Yes, or No Please list below:

Brother's Name(s) and age(s): _____

Sister's Name(s) and age(s): _____

Is there any other information that would help us with your homestay placement?

Does the family or student attend Church? Yes, or No If yes, please list religion: _____

PARENT /GUARDIAN SIGNATURES

A successful experience depends upon the student making his/her best effort in every area of school life. The School reserves the right to dismiss students and return the student home, at the parent's expense and without tuition refund, for violations of the School's Code of Conduct, or if the school is unable to meet the needs of the student due to undisclosed personal, scholastic, psychological, or other medical issues.

Please notify the **International Student Coordinator** of any change of address, telephone or email.

1. _____ Date _____
(Parent's Signature)

2. _____ Date _____
(Parent's Signature)

DOCUMENT CHECKLIST

(Please ensure that all required information is enclosed with your application)

- Completed **Registration Form**
- Completed **Homestay Application Section** (if applicable)
- Copy (in colour) of current **Passport** and current **Study Permit** (Study Permit only if available)
- Original plus officially translated **copies of transcripts** and/or **report cards** for the past two years (if applying for 1 or more years of study)
- Registration fee of \$250CAD

Please email your completed application and registration fee to:

Melina Keery, International Student Program Coordinator
mkeery@duncanchristian.com

Or mail your completed application and registration fee to:

Duncan Christian School
Attn: Melina Keery
495 Beech Avenue
Duncan, BC
V9L 3J8
CANADA

When a student is accepted, **Prepaid Tuition** for the school year is required before an official Letter of Acceptance will be issued.