



INTERNATIONAL STUDENT APPLICATION FORM

(PLEASE PRINT)

Date of Application:	Name of School:	Grade Entering:
Requested Study Period (Please check one):		
Full Year: September to June <input type="checkbox"/>	Semester 1: September to January <input type="checkbox"/>	Semester 2: February to June <input type="checkbox"/>

STUDENT INFORMATION

Student's Legal Last Name (Surname on Passport):	Student's Legal Given Name(s) (First and Middle Name(s) on Passport):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Citizenship:	Preferred Name in Canada (if different than above) :	Date of Birth: (DD/MM/YYYY)		
Street Address:	City, Province or State:	Country:	Postal Code (if applicable):	Student's E-mail Address:
Home Phone Number:	Mailing Address (Note "same" if not different than street address):			
Language Spoken at Home:				

PARENTS/GUARDIANS INFORMATION

#1. Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> (please specify)			#2. Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> (please specify)								
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/>			Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/>								
Last Name:		First Name:		Last Name:		First Name:					
Street Address (Note "same" if not different from student's):											
City, Province or State:		Country:		Postal Code (if applicable):		City, Province or State:		Country:		Postal Code (if applicable):	
Home Phone Number:		Business Phone Number:				Home Phone Number:		Business Phone Number:			
Cell Phone Number:		E-mail Address:				Cell Phone Number:		Email Address:			

CUSTODIAN AND EMERGENCY CONTACT INFORMATION

Last Name:		First Name:		Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>
				Miss <input type="checkbox"/>	Dr. <input type="checkbox"/>	
Address:						
Home Phone Number:		Business Phone Number:		Cell Phone Number:		Email Address:

MEDICAL AND/OR SPECIAL NEEDS INFORMATION

Does the student have any special needs or medical conditions that the school should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give a brief description:
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ACADEMIC PLACEMENT

Language(s) Spoken by Student:	On a scale of 1 (beginner) to 5 (fluent or proficient), indicate the student's English ability: Writing _____ Speaking _____ Reading _____ Listening _____		
Indicate any extracurricular interests/strengths the student may have such as sports, after school clubs or activities, fine and performing arts, etc:			
Name of Most Recent School Attended:	Mailing Address:	Phone Number:	Email Address:

SIGNATURES

<p>I certify that all the information provided on this application form is complete, accurate, and honestly represented. I further understand that the information furnished on this form, together with information and materials of any kind received by St. Albert Public School District No. 5565 from any source, becomes the property of St. Albert Public School District No. 5565, will not be returned, and may be shared with third parties external to St. Albert Public Schools as required in order to assist with student programming or Canadian foreign student status.</p> <p>I will abide by the policies of St. Albert Public Schools and the rules of the school which I attend. I understand that information about my attendance, behavior and marks may be shared with my parents and my guardian in Canada during the time that I am studying with St. Albert Public Schools.</p>		
Student's Name (Please Print):	Signature:	Date (MM/DD/YYYY):
Parent's Name (Please Print):	Signature:	Date (MM/DD/YYYY):
<p>Please Note: Once completed, this form must be <u>printed and signed</u> before being submitted as part of the application process.</p>		