



INTERNATIONAL STUDENT APPLICATION FORM
MEDICINE HAT CATHOLIC BOARD OF EDUCATION

Section 1

DATE OF APPLICATION : _____
Month / Day / Year

School applying to: _____ Registering for Grade: _____

Student Information: (Please Print) as it appears on the Birth Certificate or other Legal documentation

STUDENT'S LEGAL NAME & BIRTH DATE:

Name: _____ Birthdate (Month/Day/Year): _____
LAST FIRST MIDDLE

Gender: [] Male [] Female

STUDENT (Also Known As) NAME -If different from legal name (name by which the student is commonly known in the family & community)

Also Known As _____

Student Email: _____

Section 2

Mailing Address: _____ City: _____ Postal Code: _____

COUNTRY _____

PASSPORT NUMBER _____ COUNTRY WHERE ISSUED _____

Home Phone: _____ Student Cell Phone: _____

Current Grade: _____ Name of last School Attended: _____

City: _____ Country: _____

Parent/Guardian Information: (Please Print)

1 Mother /Guardian

Name: _____
LAST FIRST MIDDLE

Birthdate (Month/Day/Year): _____

Address: _____

Home Phone # : _____

Cell # _____ Work # _____

Mother Email: _____

2 Father / Guardian

Name: _____
LAST FIRST MIDDLE

Birthdate (Month/Day/Year): _____

Address: _____

Home Phone # : _____

Cell # _____ Work # _____

Father Email: _____

Section 3

Program for which you are applying:

- [] HIGH SCHOOL, Grades 10 – 12 (Monsignor McCoy High School)
[] MIDDLE SCHOOL, Grade 9 ONLY-Based on availability at the School [] Notre Dame Academy or [] St. Mary's School
[] K – 8 (Must be accompanied by Parent/Legal Guardian)

Term:

- [] FULL YEAR
[] ONE SEMESTER -> [] September to January or [] February to June
[] SHORT TERM -> Dates: _____

Section 4

Student's Health Information:

Our primary concern is for the health and safety of our students. Because of the unique situation of being an international student in grade school, it is vital that any physical, emotional or behavioural conditions (perceived or confirmed) be disclosed so that we can ensure we are able to offer an appropriate program.

Does the student have any severe or life-threatening allergies (ie food or medication)? Yes No

If yes, specify _____

Does the student have (past or present) any medical or mental health issues or conditions or taken any medication? Yes No

If yes, specify _____

Does the student have any special learning or physical needs? Yes No

If yes, specify _____

Does the student have any perceived or confirmed behavioural concerns or history of criminal behaviour; Yes No

If yes, specify _____

Health Insurance:

Please be advised that all students will require Student Insurance from our School Division's Insurance Provider, in addition to full Health Insurance to be purchased in their country of origin prior to their stay.

Section 5

Home Stay Program:

As part of our International program, we offer students a chance to live with an English-speaking family in order to gain a better understanding of Canadian lifestyles and value. Our homestay families provide a loving family environment in which our international students can achieve positive personal growth and academic excellence. Requests to place students with Catholic families can only be accommodated if Catholic homestay placements are available. Every effort will be made to honour such requests, but cannot be guaranteed.

Homestay Application Process:

Yes, I am interested in **MHCBE** Homestay Program. No, I have made alternate arrangements.

If Yes, complete the Homestay Application: Download and complete the Homestay Application form and Guardianship form (if necessary) from our web site at www.mhcbe.ab.ca.

Homestay Guide: A complete guide to the **MHCBE** Homestay program can be downloaded from our web site at www.mhcbe.ab.ca.

Section 6

Study Permit:

Student will apply for a Study Permit from the home country as soon as they receive our Letter of Acceptance.

Section 7

Religious Data (Catholic):

MOTHER CATHOLIC NON-CATHOLIC

FATHER CATHOLIC NON-CATHOLIC

STUDENT CATHOLIC NON-CATHOLIC

Section 8

Copyright Release:

As part of a student's educational program, students may be recorded, have their work displayed; have their work reproduced for non-profit, educational purposes by the School Division. Their production(s)/work(s) may be shown at educational displays during an Open House, In-Service Sessions and other School-Related Activities at School or School Board locations, or at School or School Board sponsored displays in the community, or used in a School Publication.

Please indicate PARENT CONSENT by initialling in the box →

CONSENT GRANTED (initial)	CONSENT DENIED (initial)

Media Consent

Medicine Hat Catholic School's encourage an open and beneficial relationship with the print (i.e. newspapers, etc.) and broadcast media (i.e. television, radio, etc.) as a means of promoting and reporting on school activities. To encourage good media relations we require parental consent to have the media photograph and/or videotape your son/daughter as they participate in school activities. *Typically these activities would include but are not limited to:*

- Students working in a classroom or other educational setting (on and off campus)
- Students participating in extra and co-curricular activities
- Students playing or socializing during recess or noon hour

Please indicate PARENT CONSENT by initialling in the box →

CONSENT GRANTED (initial)	CONSENT DENIED (initial)

Digital Media Consent – Print, Photo, Audio, Video, Web & Social Media (Facebook, Twitter, Instagram, YouTube)

As part of normal school community life, activity and healthy participation is important and encouraged. Children love the opportunity to be featured in photos and videos about their school. Our goal is to create a positive experience for children. Your signature provides consent for print, photo and video for student, classroom and school activity and school-sponsored events. Our School Division adheres to our Social Media Guidelines to protect the identity and integrity of students and staff featured in photos and video productions. Video productions are hosted on Medicine Hat Catholic Board of Education YouTube channel. *This consent applies to:*

- Print including Student Work and Projects
- Photo, Audio, Video Productions including Individual, Group and Classroom
- Awards, Scholarships, Recognition received by a Student or Class

Please indicate PARENT CONSENT by initialling in the box →

CONSENT GRANTED (initial)	CONSENT DENIED (initial)

Freedom of Information and Protection of Privacy Act (FOIP ACT) - NOTIFICATION OF USE

The Freedom of Information and Protection of Privacy (FOIP) ACT aims to strike a balance between the public's right to know and the individual's right to privacy, as those rights relate to information held by public bodies in Alberta. In a school setting, the privacy of students and parents is protected by the rules that schools must follow in the collection, use, protection and disclosure of personal information. We collect and use personal information for authorized programs and activities that are a normal part of school life. These uses are a vital part of a healthy and functioning school environment. The FOIP ACT does not dramatically change normal school activities; it does not prevent parents from participating in their children's education. It does allow parents and students broader rights to access to information and it does obligate schools to protect privacy. The ACT should be applied in a common sense manner and should not negatively affect school life. The following are an example of many activities that are part of a normal school community life that encourages a healthy participatory environment, which is important and encouraged:

- The use of a students' name, photograph or comments about the student in a school newsletter, calendar, yearbook/ graduation notices or other school publications.
- The taking of individual, class or school group photos for school purposes and the use of student photos for student identification cards.
- The use of students' names on art work or other works or materials displayed in school or school boards locations, or other community events sponsored and supported by the school board. Recognition on honour rolls, graduation ceremonies, awards and scholarship application and recognition; birthday recognition (typically practiced in elementary schools announced over the PA).
- The use of students' name, related contact information and telephone numbers for absenteeism verification and provision of transportation services.
- Photos and/or videos of school activities that are open to the public may be taken and used for purposes outside of the school ie: newspaper articles.
- Where individual students are identified or interviewed and the material is to be used outside the school, separate and specific consents will be required.
- The use and/or disclosure of student's personal information will be used to establish a student record, for program placement, for funding purposes and shared with Alberta Health Services to facilitate services relative to student health including responding to medical emergencies.
- If you have any questions about the use or disclosure of the information collected please contact your School Principal or the Superintendent of Schools, 1251-1st Avenue SW., Medicine Hat, Alberta T1A 8B4 (403) 502-8347 phone.

Collection and Use of Personal Information Disclaimer: The personal information collected on this form is part of the Division's registration process and is authorized under the provisions of the **School Act and its regulations and also under Section 33(c) of the FOIP Act**. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and ensure a safe and secure school environment. If you have any questions or concerns regarding the collection or intended uses of this information please contact the School Principal.

Section 10

FEE PAYMENT:**BANK TRANSFER ONLY:**

Bank Transfer/Wire: Arrange for your bank to wire the funds to our bank. If this is the preferred method, please email international@mhcbe.ab.ca or phone **1.403.527.2292** or toll-free **1.866.864.0013** and a form with the appropriate banking instructions will be provided. Please ensure funds transferred are in Canadian currency.

Section 11

OFFICIAL LETTER OF ACCEPTANCE (LOA):**How would you like to receive the Letter of Acceptance?**

1. Send electronic to: PARENT EMAIL: _____
 SCHOOL OFFICIAL EMAIL: _____
 AGENDA EMAIL: _____

2. If you require a mailed copy, please provide the mailing address:

NAME: _____ Address: _____

Section 12

REFUND POLICY :

Your Study Permit is denied: You will receive a full refund (less a \$200 refund fee), if your Study Permit application is denied by Citizenship and Immigration Canada. A copy of the rejection letter must be submitted with the refund request. ·

Your immigration status changes: You will receive a full refund (less a \$200 refund fee) if parent's immigration status changes and meets the criteria outlined in the Alberta School Act. Proof must be presented to Medicine Hat Catholic Board of Education prior to the last business day of September of the current school year. After that date, no refund will be granted under any circumstances. ·

You cannot attend for other reasons: You will receive two-thirds (2/3) refund of the tuition if you withdraw prior to the commencement of the program as per the Duration of Study (program) dates on the letter of acceptance. ·

You withdraw from or are expelled by the Medicine Hat Catholic Board of Education: Once classes have begun at the Medicine Hat Catholic Board of Education no refund will be given. ·

Late arrival: When a student arrives late, (from the term start date), there will be no refund for the time period missed.

Please note: The application fee is non-refundable. Also, tuition can only be refunded by the same method of payment and to the same person who originally paid.

ACKNOWLEDGEMENT OF RISK

Section 13

1. I agree to indemnify and hold harmless Medicine Hat Catholic Board of Education, its elected officials and officers, employees, agents, volunteers, and representatives or any of them, from any claims, demands, expenses, costs (including legal costs), suits, debts, liabilities and causes of action for which they may become liable as a result of any personal injury or property damage that I or the student cause or contribute, or are held responsible for, jointly or severally, in connection with the student's participation in study in Canada and from any financial obligations which I or the student may incur.
2. We understand that MHCBE is not responsible for any loss or injury suffered by the applicant during periods of travel and study. If the applicant becomes ill or incapacitated, MHCBE may take such actions as it considers necessary, including securing medical treatment and transporting the applicant home at his/her own expense. We release MHCBE from all liability related to such actions. We understand that the applicant's participation in the program may be terminated without any refund of fees, and that the applicant may be sent home at his/her expense if he/she does not adhere to the school or MHCBE rules, standards and instructions.
3. We fully understand the refund policy of MHCBE International Services Program. We understand that MHCBE shall not be held liable for losses or expenses as a result of the Board being unable to provide education owing to labour disputes or other causes beyond its control.
4. I certify that all the information provided on and within this application is complete, factually accurate, and honestly represented. I further understand that the information furnished on this application, together with information and materials of any kind received by Medicine Hat Catholic Board of Education International Student Services from any source, becomes the property of MHCBE International Services Program and cannot be returned.

Date _____

(Parent / Guardian) PRINT _____

(Parent / Guardian SIGNATURE _____

PARTICIPATION AGREEMENT

MEDICINE HAT CATHOLIC BOARD OF EDUCATION
INTERNATIONAL STUDENT SERVICES

CANADA
PROVINCE OF ALBERTA

Student Name: _____

This section must be read and signed by you, the Student and your Parent(s).

1. While in Canada, I am always under the jurisdiction of the national, provincial, and local laws. I will obey all laws. If I break the law (shoplifting, stealing, gain employment, etc.), it will result in my termination from the program.
2. I will not consume alcohol or use illegal drugs at any time regardless of age while enrolled in the International Student Program. Use of these products will result in my termination from the program.
3. If applicable, I will obey the rules of my homestay/family. This includes curfews, chores, and other rules they have established. Any damages incurred by the student at the homestay/family's property will be at my own expense.
4. I will obey the rules of the school I attend. I will attend classes and will actively participate in classroom work.
5. I understand that I require approval from the Medicine Hat Catholic Board of Education – International Student Coordinator to travel outside the province/country. An Intent to Travel Form must be submitted. If I want to travel without adult accompaniment, I require written approval in English from my family. I will also advise the International Student Coordinator at least two weeks prior to my departure of my plans to travel.
6. I will notify Medicine Hat Catholic Board of Education International Student Services international@mhcbe.ab.ca of any change in address, custodianship, immigration status and/or school transfers.
7. I will live with a responsible adult who is either a Canadian citizen or a permanent resident and over the age of 25 for the duration of my stay in Canada.
8. I understand that Canada is a multi-cultural country. I will not discriminate based on nationality/race, religion, gender and/or marital status.
9. I understand that I must provide for my child's personal expenses and to pay for the international fees in a timely manner.
10. I understand that it is my responsibility to ensure that my child has valid immigration documents while in Canada.
11. Students are encouraged to participate in extracurricular activities. I understand I have the option to participate in extracurricular activities such as athletics or fine arts and that an additional fee may be charged for these activities.
12. I will not drive motorized vehicles except within the context of a formal driver's training program. I will not use my homestay/family's vehicle for any purpose.
13. Medicine Hat Catholic Board of Education reserves the right to charge extra fees for additional support if the student's educational needs are found to be greater than what was disclosed on the application. If statements given on the application are discovered to be untrue, the student may be withdrawn from the district with no refund.

I understand that I am expected to follow and obey all the terms stated. I also understand that if I do not, I will be sent back to my country immediately at my own expense.

Program Termination: MHCBE reserves the right to terminate a student's participation in the program for violation of program rules and/or when a participant's mental and/or physical health, as determined by MHCBE, is in jeopardy. Students who are terminated from the International Student Program will not be given a refund as per our Refund Policy.

Date

(Parent / Guardian) PRINT

(Parent / Guardian) SIGNATURE

Date

(Student) PRINT

(Student) SIGNATURE

Section 14

Parent/Guardian & Student General Declaration:

I / We the undersigned hereby certify the **foregoing information given is true, correct and complete** and that I / We understand that **signing below indicates that I / We have read and understand the information contained in this Student Registration Form.**

Date (Parent / Guardian) PRINT (Parent / Guardian SIGNATURE

I will abide by the policies of Medicine Hat Catholic Board of Education and the rules of the School which I attend. I understand that information about my attendance, behaviour and marks may be shared with my parents, agents retained by my parents, my custodial guardian and/or Homestay parents during the time that I am studying with the Medicine Hat Catholic Board of Education International Education Program.

Date (Student) PRINT (Student) SIGNATURE

Section 15

Section 16

How did you learn about our International Student program?

- Relative or Friend in Canada?
- Medicine Hat Catholic Board of Education Website?
- Relative or Friend in Home Country?
- Other? Please describe:

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) and the School Act. This information will be used to determine student's eligibility for enrolment. It will be treated in accordance with the privacy protection provision of the FOIP Act.

If you have any questions about the collection and or it's intended us, please contact
Medicine Hat Catholic Board of Education 403.527.2292.

THANK YOU FOR YOUR REGISTRATION
WELCOME TO MEDICINE HAT CATHOLIC SCHOOLS
"SHOWING THE FACE OF CHRIST TO ALL"