



STUDENT APPLICATION

Date of Application:

Requested Start Month (check one): September February Year:

PERSONAL INFORMATION:

Legal Name: _____ Also known as (if different than legal name): _____

Date of Birth: _____ Gender: _____

Street Address: _____ City: _____

Country: _____ Postal Code: _____

Telephone Number(s): _____ Email: _____

Catholic: _____ Non-Catholic: _____

Passport Number: _____ Country Where Issued: _____

Current Grade: _____ Name of Last School Attended: _____

City: _____ Country: _____

English as a Second Language Services Required: Yes _____ No _____

PARENT/GUARDIAN INFORMATION:

1. Mother/Guardian

Name: _____ Date of Birth: _____

Street Address: _____ City: _____

Country: _____ Postal Code: _____

Telephone Number(s): _____ Email: _____

Catholic: _____ Non: Catholic: _____

2. Father/Guardian

Name: _____ Date of Birth: _____

Street Address: _____ City: _____

Country: _____ Postal Code: _____

Telephone Number(s): _____ Email: _____

Catholic: _____ Non: Catholic: _____

PROGRAM:

High School: Grade 10-12 (Monsignor McCoy High School)

Middle School: Grade 7-9 Notre Dame Academy or St. Mary’s School

TERM:

Full Year

3-Year

One Semester September – January or February to June

Short Term Dates: Approval required

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 values. 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 they cannot be guaranteed.

Homestay Application Process:

Yes, I am interested in the MHCBE Homestay Program

No, I have made alternate arrangements.

If Yes, complete the [Homestay Application](#) or else download the application from our website at www.mhcbe.ab.ca/international-education.

Please submit completed form(s) by email to: international@mhcbe.ab.ca or fax: 403.529.0917

or mail to: **International Student Program**
Medicine Hat Catholic Board of Education
1251 – 1st Avenue S.W.
Medicine Hat, AB T1A 8B4

FOR OFFICE USE ONLY:

Date Received:

International Education Supervisor Evaluation:

Accepted: Not Accepted:

Signature: