

EDMONTON PUBLIC SCHOOLS' INTERNATIONAL STUDENT APPLICATION FORM

DATE OF APPLICATION: _____

REQUESTED STUDY PERIOD:

- SEMESTER 1: SEPTEMBER TO JANUARY FULL YEAR: SEPTEMBER TO JUNE
 SEMESTER 2: FEBRUARY TO JUNE FULL YEAR: FEBRUARY TO JANUARY

LIVING ARRANGEMENTS:

- I REQUIRE HOMESTAY SERVICES THROUGH THE CANADA HOMESTAY NETWORK
 I WILL LIVE IN A PRIVATE ARRANGEMENT AT THE FOLLOWING ADDRESS: _____

SCHOOL PREFERENCE (IF POSSIBLE, YOUR REQUEST FOR A PARTICULAR SCHOOL WILL BE MET)

1. _____ 2. _____ 3. _____

STUDENT INFORMATION

FULL LEGAL NAME _____ MALE
(LAST) (FIRST) (MIDDLE) FEMALE

ENGLISH COURTESY NAME _____ **BIRTHDATE** _____
(MM / DD / YYYY)

LANGUAGE SPOKEN AT HOME _____ **RELIGION** _____

HOME ADDRESS _____ **MAILING ADDRESS** (CHECK IF SAME AS HOME ADDRESS)

ADDRESS _____ ADDRESS _____

CITY _____ PROVINCE OR STATE _____ CITY _____ PROVINCE OR STATE _____

POSTAL CODE (IF APPLICABLE) _____ COUNTRY _____ POSTAL CODE (IF APPLICABLE) _____ COUNTRY _____

HOME PHONE NUMBER _____ FAX NUMBER _____ STUDENT'S E-MAIL ADDRESS (MANDATORY) _____

DOES THIS STUDENT HAVE ANY SPECIAL NEEDS OR HANDICAPS: YES NO

IF YES, PLEASE PROVIDE DETAILS: _____

PARENT INFORMATION

MOTHER'S FULL LEGAL NAME _____ **HOME ADDRESS** (CHECK IF SAME AS STUDENT)

(LAST) (FIRST) (MIDDLE) _____ ADDRESS _____
BIRTHDATE _____
(MM / DD / YYYY)

HOME PHONE NUMBER _____ FAX NUMBER _____ CITY _____ PROVINCE OR STATE _____

BUSINESS PHONE NUMBER _____ CELL PHONE NUMBER _____ POSTAL CODE (IF APPLICABLE) _____ COUNTRY _____

MOTHER'S E-MAIL ADDRESS (MANDATORY) _____

FATHER'S FULL LEGAL NAME			HOME ADDRESS (<input type="checkbox"/> CHECK IF SAME AS STUDENT)	
<i>(LAST)</i>	<i>(FIRST)</i>	<i>(MIDDLE)</i>	ADDRESS	
BIRTHDATE				
<i>(MM / DD / YYYY)</i>				
HOME PHONE NUMBER	FAX NUMBER	CITY	PROVINCE OR STATE	
BUSINESS PHONE NUMBER	CELL PHONE NUMBER	POSTAL CODE (IF APPLICABLE)	COUNTRY	
FATHER'S E-MAIL ADDRESS (MANDATORY)				

IS AN AGENCY REPRESENTING YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENT REPRESENTATIVE CONTACT INFORMATION
AGENCY NAME _____	
AGENT NAME	E-MAIL
<i>(LAST)</i>	<i>(FIRST)</i>

EDMONTON CUSTODIAN CONTACT INFORMATION (PLEASE SKIP THIS SECTION IF APPLYING FOR THE DISTRICT'S HOMESTAY PROGRAM THROUGH THE CANADA HOMESTAY NETWORK)			
FULL LEGAL NAME			
<i>(LAST)</i>	<i>(FIRST)</i>	<i>(MIDDLE)</i>	<i>(MR, MRS, MS, MISS)</i>
ADDRESS AND CONTACT INFORMATION			
ADDRESS		HOME PHONE NUMBER	
		WORK PHONE NUMBER	
CITY	PROVINCE OR STATE	CELL PHONE NUMBER	
POSTAL CODE	FAX NUMBER	E-MAIL 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 EPS' International Programs from any source, becomes the property of EPS International Programs, will not be returned, and may be shared with agents for the District and third parties external to Edmonton Public Schools as required in order to assist with student programming, housing, relocation or Canadian foreign student status.</p> <p>I will abide by the policies of Edmonton Public Schools (EPS) 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 my Homestay parents during the time that I am studying with EPS' International Student Program.</p> <p>Specific school placements for international students are not guaranteed. Final decisions regarding school access and placements for international students will be made solely by Edmonton Public Schools, depending on capacities to accommodate.</p> <p>All applications to the International Student Program are to Edmonton Public Schools (EPS), and applications for Homestay are to The Canada Homestay Network (CHN).</p>	
STUDENT'S SIGNATURE	PARENT SIGNATURE