



**STUDENT APPLICATION**

File # <b>DO NOT FILL IN THIS BOX</b>	Your country of citizenship:	Presently living in:
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**What program are you are applying for :**

Elementary (Gr. 1-6) Grade: \_\_\_\_\_
  Jr. High (Gr. 7-9) Grade: \_\_\_\_\_
  Grade 10
  Grade 11
  Grade 12
  Short Term Program
  Pathways (Please contact us)

**Length of Program:**
 Full Year
  One Semester
  Other: \_\_\_\_\_

**Accommodation Required:**
 HOMESTAY
  BOARDING FACILITY

**Please complete all parts of the application (check off each item as you proceed):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Completed application form.   | <input type="checkbox"/> Include a signed FOIP Form             | <input type="checkbox"/> Include a signed Waiver Form            |
| <input type="checkbox"/> Include a copy of student's Passport  | <input type="checkbox"/> Include one recent Passport size photo | <input type="checkbox"/> Include one family photo (if available) |
| <input type="checkbox"/> Include a Letter of Intent ( <i>Pre-University and Grade 12 students only</i> ): Tell us why you wish to study in Canada and what your long term goals are. |   |  |
| <input type="checkbox"/> Transcript of marks for the past three years: <input type="checkbox"/> Attached   |   |  |

**Online Pre-Arrival Orientation fee of \$100.00 (one time fee).**

**Please check this box if you DO NOT wish to participate in the Online Pre-Arrival Orientation.**

**Registration fee of \$200 Cdn.:**

Cash (in-person registration only. **Do not mail cash.**)

Bank draft

Visa

MasterCard

Card # \_\_\_\_\_

Expiry date: \_\_\_\_\_

Cardholder: \_\_\_\_\_

Electronic transfer (Contact a local bank in your country and provide them with the banking information given below. They will deposit the money for you in our account, in trust. Attach the deposit transaction information to your study permit and visa application.)

**Golden Hills School Division #75**  
**Royal Bank of Canada, Account #1005677,**  
**Transit #09029, Swift #ROYCCAT2**  
**Canadian Sort Code: //CC000309029**  
**Phone: (403) 934-3351, Fax: (403) 934-4870**

**PERSONAL INFORMATION** Please print clearly.

**Name** (as it appears on your passport) \_\_\_\_\_  
 FAMILY NAME

\_\_\_\_\_ FIRST NAME

\_\_\_\_\_ MIDDLE NAME(S)

**Address** \_\_\_\_\_  
 STREET ADDRESS OR POST OFFICE BOX NUMBER

\_\_\_\_\_ CITY STATE, PROVINCE OR JURISDICTION

\_\_\_\_\_ COUNTRY COUNTRY CODE, ZIP CODE OR MAIL CODE

**Phone** \_\_\_\_\_  
 COUNTRY CODE CITY CODE PHONE NUMBER

**Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_  Male  Female

YEAR DAY MONTH

1. Your family consists of:  Mother  Father  Sisters(s)  Brother(s)

2. Have you ever lived away from home before? Please specify. Yes  No

3. English Language Proficiency: How many years of study? \_\_\_\_\_ Level of Proficiency:  Average  Good  Excellent

4. Personality traits: Place an "X" in front of all activities that you enjoy and all characteristics that best describe you.

- |  |   |                                       |                                      |                                      |
|--|---|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Reading                   | <input type="checkbox"/> Swimming         | <input type="checkbox"/> Soccer       | <input type="checkbox"/> Talkative   | <input type="checkbox"/> Neat        |
| <input type="checkbox"/> Computers/Internet        | <input type="checkbox"/> Fitness/Workout  | <input type="checkbox"/> Baseball     | <input type="checkbox"/> Quiet       | <input type="checkbox"/> Active      |
| <input type="checkbox"/> Playing Cards/Board Games | <input type="checkbox"/> Bowling          | <input type="checkbox"/> Ice hockey   | <input type="checkbox"/> Cheerful    | <input type="checkbox"/> Casual      |
| <input type="checkbox"/> Listening to music        | <input type="checkbox"/> Tennis           | <input type="checkbox"/> Skiing       | <input type="checkbox"/> Calm        | <input type="checkbox"/> Formal      |
| <input type="checkbox"/> Watching TV               | <input type="checkbox"/> School Clubs     | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Outgoing    | <input type="checkbox"/> Patient     |
| <input type="checkbox"/> Going to movies           | <input type="checkbox"/> Crafts/Sewing    | <input type="checkbox"/> Basketball   | <input type="checkbox"/> Shy         | <input type="checkbox"/> Adaptable   |
| <input type="checkbox"/> Walking/Jogging           | <input type="checkbox"/> Cooking          | <input type="checkbox"/> Volleyball   | <input type="checkbox"/> Positive    | <input type="checkbox"/> Polite      |
| <input type="checkbox"/> Cycling                   | <input type="checkbox"/> Drawing/Painting | <input type="checkbox"/> Racquetball  | <input type="checkbox"/> Independent | <input type="checkbox"/> Responsible |

5. List your hobbies, interests (including sports) you currently participate in:

6. Please attach any other information you believe is pertinent.

## HOMESTAY / BOARDING INFORMATION

1. If Homestay, would you like to stay with a family with:

Sister(s)  Yes  No Brother(s):  Yes  No Younger Children:  Yes  No

2. Would you like to live in  a quiet household or  an active household?

3. Would you like to live with another international student? Yes  No

4. Do you wish to take part in sporting activities? Please specify. Yes  No

5. Do you wish to belong to or take part in any religious or cultural organization?  Yes  No

If yes, please specify \_\_\_\_\_

6. Do you have any special requirements that your homestay family or boarding facility manager should be aware of? If yes, please specify. Yes  No

7. Do you object to having house pets? Yes  No

8. Do you smoke? Any other habits? If yes, please specify. Yes  No

9. Give us one thing that you would like to share about yourself with your host family that will introduce you to them:

## MEDICAL INFORMATION

**MEDICAL INSURANCE IS MANDATORY IN CANADA.  
GHSD PROVIDES MEDICAL INSURANCE FOR ALL INTERNATIONAL STUDENTS.**

1. Do you have any medical conditions? If yes, Please specify. Yes  No

2. Are you on any medication? If yes, please specify. Yes  No

3. Do you have any dietary needs? If yes, please specify: Yes  No

4. Do you have any food or other allergies? If yes, please specify. Yes  No

## PARENTAL/GUARDIAN CONTACT

Place  here if responsible for payment of fees.

**Father or Legal Guardian**  Place  here if same as above. If not, fill in information below. **Date of Birth**

LAST NAME(S)												FIRST NAME		
YEAR												DAY		MONTH

**Mother or Legal Guardian**  Place  here if same as above. If not, fill in information below. **Date of Birth**

LAST NAME(S)												FIRST NAME		
YEAR												DAY		MONTH

**Father Address**  Place  here if same as above. If not, fill in information below. **Date of Birth**

STREET ADDRESS OR POST OFFICE BOX NUMBER												YEAR			DAY		MONTH
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**Mother Address**  Place  here if same as above. If not, fill in information below. **Date of Birth**

STREET ADDRESS OR POST OFFICE BOX NUMBER												YEAR			DAY		MONTH
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**Father Address**  Place  here if same as above. If not, fill in information below. **Date of Birth**

CITY												STATE, PROVINCE OR JURISDICTION		
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**Mother Address**  Place  here if same as above. If not, fill in information below. **Date of Birth**

CITY												STATE, PROVINCE OR JURISDICTION		
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**Father Address**  Place  here if same as above. If not, fill in information below. **Date of Birth**

COUNTRY												COUNTRY CODE, ZIP CODE OR MAIL CODE		
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**Mother Address**  Place  here if same as above. If not, fill in information below. **Date of Birth**

COUNTRY												COUNTRY CODE, ZIP CODE OR MAIL CODE		
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**Father Address**  Place  here if same as above. If not, fill in information below. **Date of Birth**

CITY												STATE, PROVINCE OR JURISDICTION		
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**Mother Address**  Place  here if same as above. If not, fill in information below. **Date of Birth**

CITY												STATE, PROVINCE OR JURISDICTION		
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**Father Address**  Place  here if same as above. If not, fill in information below. **Date of Birth**

COUNTRY												COUNTRY CODE, ZIP CODE OR MAIL CODE		
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**Mother Address**  Place  here if same as above. If not, fill in information below. **Date of Birth**

COUNTRY												COUNTRY CODE, ZIP CODE OR MAIL CODE		
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**Parents' Email Address:** \_\_\_\_\_

**Emergency Contact (Name, phone number, email):** \_\_\_\_\_

## AGENT INFORMATION

Place  here if responsible for payment of fees.

**Agent Name**  Place  here if same as above. If not, fill in information below. **Date of Birth**

NAME OF AGENT												FIRST NAME		
YEAR												DAY		MONTH

**Agent Address**  Place  here if same as above. If not, fill in information below. **Date of Birth**

NAME OF COMPANY												COUNTRY		
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**Agent Address**  Place  here if same as above. If not, fill in information below. **Date of Birth**

COUNTRY CODE		CITY CODE		PHONE NUMBER				FAX NUMBER		
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**Agent's Email Address:** \_\_\_\_\_

## CONFIRMATION OF ADMISSION

Confirmation of your admission to Golden Hills School Division (GHSD) should be sent to:

- Your home address       Your agent's address

**The following Rules of Conduct must be followed by all students entering Golden Hills International programs:**

### RULES FOR INTERNATIONAL STUDENTS

- Respect and uphold the rules set out by the host families and/or dormitory staff. Specific rules and regulations set by GHSD International student services are highlighted by the International student services staff both verbally and in writing. The student is expected to know and understand these rules. These rules include:
  - No drinking of alcoholic beverages at any time during the students stay. This includes possession and/or consumption of alcohol.
  - No drugs and/or possession of drugs or association with anyone involved with drugs
  - Appropriate conduct with peers as outlined in the dormitory and Homestay handbook.
  - No smoking.
  - No violations of Alberta Provincial or Federal Law of Canada.
- The host family and dormitory staff must know where you are, with whom and when you will return at all times.
- Respect and uphold the rules and regulations set by the student's School. These rules are highlighted in a School Handbook, and it is the student's responsibility to be familiar with the Handbook and to be aware of the consequences of breaking any rules. The general School expectations include.
  - Regular School attendance.
  - Maintaining average grades.
  - Making an effort in class with all course work.
  - Following all behavioral expectations and showing respect for all GHSD staff members and fellow students.
- Students are allowed to travel in and out of the Province of Alberta, only when approved by GHSD, with written permission by the student's natural parents and such travel does not involve missing any School. Exceptions are made for School sponsored trips; however, GHSD International Services must be notified about these trips in advance.
- The student's personal property is the responsibility of the student, NOT the host family or the dormitory staff. The student is expected to take care when possessing cash and expensive property.
- Use of internet access (including email and social networking) will be monitored and regulated by the host family, the School and the dorm staff. Inappropriate use of the internet will result in restricting or withdrawing of computer access.
- All decisions made by GHSD staff must be respected and abided by. Consequences of not adhering to the above rules may include being sent home.
- All fees must be paid prior to a student's arrival. Unpaid fees will result in the student being sent home.

*I understand that I am responsible for keeping all GHSD Rules throughout the program. Breaking any of these rules may result in my early return to my home country at my natural parents/legal guardian's expense and without refund of program fees.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

*I/We understand that our son/daughter must keep all GHSD Rules throughout the program. Breaking any of these rules may result in his/her return at our own expense and without refund of program fees.*

\_\_\_\_\_  
Signature of Father or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother or Legal Guardian

\_\_\_\_\_  
Date

**GHSD will be accepting custodianship for your child. Golden Hills International will accept the following responsibilities:**

### DECLARATION OF POWER

**GOLDEN HILLS SCHOOL DIVISION  
INTERNATIONAL PROGRAM**

**PROVINCE OF ALBERTA  
CANADA**

**IN THE MATTER OF: Delegation of Power and Duties to a Child Custodian**

Student's Name \_\_\_\_\_  
as an International Student during a period of studies in Canada.

#### DELEGATION

I delegate the powers and duties set out below to **Elaine Wersch**, Admissions Officer for Golden Hills International, Golden Hills School Division #75, who is a permanent Canadian citizen and is 19 years of age or over.

#### A CUSTODIAN FOR MY CHILD

This delegation expires when revoked, replaced or when this child is removed from the care of the Custodian.

#### POWERS AND DUTIES

The Custodian in Canada will decide on homestay / boarding facility placement and may appoint an alternate caregiver, who will:

- Decide about daily routines. This authority includes providing behavioral control and discipline.
- Decide about recreational activities.
- Decide about cultural activities.
- Consent to ordinary medical or dental care. This authority includes inoculations, examinations, treatment for minor illnesses and injuries and other procedures that are performed routinely that do not require hospitalization, surgery or general anesthetic. NOTE: The caregiver has the authority to admit the child to hospital, but **not to authorize any treatment or tests, except in accordance with the following cause:**

Consent to emergency treatment or surgical procedures. This authority includes immediate measures necessary to preserve the child's life, health or physical well-being. This authority must be used only if contacting the child's parent(s) will delay treatment enough to endanger the child's life. After consent is given, the caregiver must advise Golden Hills School Division #75 as soon as possible.

- Consent to obtaining recreational licenses and permits. **THIS AUTHORITY DOES NOT INCLUDE A FIREARMS PERMIT OR DRIVER'S LICENSE.**

• Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Natural Parent or Legal Guardian

\_\_\_\_\_  
Signature of Custodian

### PROTECTION OF INFORMATION

*The personal information requested by Golden Hills School Division #75 (GHSD) herein is being collected to coordinate the needs of both the international student and GHSD in order to determine the best placement for the student. It is collected in accordance with the Freedom of Information and Protection of Privacy (FOIP) Act, the School Act and Regulations thereto, and is protected by the FOIP Act. If you have any questions about the collection of this information, please contact Golden Hills International at (403) 934-5121 or by email: [learn@ghsd75.ca](mailto:learn@ghsd75.ca).*

**Golden Hills International  
Golden Hills School Division #75**

435A Highway #1,  
Strathmore, Alberta Canada T1P 1J4  
Tel: (852) 2529-3368 Fax: (852) 3011-5284  
[www.ghisp.ca](http://www.ghisp.ca) / Email: [info@ghisp.ca](mailto:info@ghisp.ca)





**Golden Hills School Division No. 75**  
**Freedom of Information and Protection of Privacy (FOIP) Act**

**FOIP Public Communication & Media Consent Form**

Our students are working to gather information, connect to other learners on projects and share their work or activities. Written consent is required if the student’s personal information is going to be used for any other purpose outside the school, posted on the school’s public website, or used by the media. **Written consent can be revoked at any time by notifying the school principal in writing.** The following are examples where written consent is required:

- Use of a student’s name, photo, or video in external publications (such as an external website or a promotional brochure).
- Use class, team, club, or school videos/photos that are taken within the school community on the school external website or for marketing purposes.
- Use of a student’s name on artwork/material to be displayed in the community.
- Video or audio recordings posted online (may include technologies such as social media and other emerging technologies).
- Allow a student to participate in media interviews.

**Please fill out the following items to indicate your voluntary consent for your child:**

<p><b>Part 1 - School &amp; District Public Website(s), Social Media, External Publications, External Displays, &amp; Presentations</b></p> <p><input type="checkbox"/> I consent to my child’s information such as photographs, awards, scholarships, prizes, newsletter information, team lists, assignments or projects, art work, video and/or audio recording, interviews, school publications, advertisements, and promotional materials to be used by Golden Hills.</p> <p><input type="checkbox"/> <b>I do not want the information used for any of the above purposes.</b></p>
<p><b>Part 2 - Media</b></p> <p><input type="checkbox"/> I consent to my child being interviewed by the media or appearing in an event being covered by the media.</p> <p><input type="checkbox"/> <b>I do not want the information used for any of the above purposes.</b></p>

**Note:** The District cannot control how the information may be distributed, including print, broadcasts, photographs, and the Internet (for example, websites, online video and social media).

I, being the parent/legal guardian of the student named below, have read and understand the information provided.

Student’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Legal Guardian Signature(s) #1 Date: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Legal Guardian Signature(s) #2 Date: \_\_\_\_\_

Note: Only persons having legal guardianship of the student may sign this consent form as parent or legal guardian. If both parents have legal guardianship, both must sign.



## GHSD WAIVER



I/We \_\_\_\_\_ and \_\_\_\_\_  
(Mother's name) (Father's name)

grant our son/daughter \_\_\_\_\_ permission to take part  
(Student's name)

in various activities with Golden Hills School Division during his/her stay in Canada.

We also grant permission for our son/daughter to participate in outings and activities with their Homestay family and/or to participate in the dormitory outings and activities.

I (we) am aware of the activities and the risks involved and absolve GHSD of any liability related to these activities.

GHSD is not responsible for any harm or injury that may occur while participating in these activities.

- X Various outings and trips throughout Alberta and the surrounding Provinces
- X Skiing, Snowboarding, Skating, Tobogganing
- X Swimming, Camping, Hiking, Boating, Fishing
- X Amusement Park Rides, Water Park Rides
- X Horseback Riding, Climbing Wall, Roller Blading
- X Soccer, Baseball, Football, Hockey, Volleyball, Basketball

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date