



CATHOLIC INDEPENDENT SCHOOLS NELSON DIOCESE  
(CISND)  
**International Student Program**  
**2.5 International Student Application for Admittance**

(For office use only)

Date Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Accepted: Yes \_\_\_ No \_\_\_

Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

**Schools applying for:**

- |  |  |
|--|--|
| <input type="checkbox"/> Holy Cross, Penticton             | <input type="checkbox"/> St. Joseph, Nelson  |
| <input type="checkbox"/> Our Lady of Lourdes, West Kelowna | <input type="checkbox"/> St. Michael, Trail  |
| <input type="checkbox"/> St. Joseph, Kelowna               | <input type="checkbox"/> St. Mary, Cranbrook |
| <input type="checkbox"/> Immaculata Regional High School   |  |

**Student Information**

Student's Name: \_\_\_\_\_ Boy  Girl   
(surname/first/ middle)

Canadian Name (if desired): \_\_\_\_\_ Grade Application: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Student Visa: desired  obtained   
(day/month/year)

Religion: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

**Permanent Mailing Address (Home Country)**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_ I will be residing with my parents/family in Canada

\_\_\_\_\_ I will require a homestay (please complete the Homestay Information Package)

Program – Length of stay

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Full school year | <input type="checkbox"/> Half year program  | Short Stay, less than 6 months <input type="checkbox"/> |
| Sept – June <input type="checkbox"/>      | <input type="checkbox"/> Sept-Jan <input type="checkbox"/> <input type="checkbox"/> Feb-June <input type="checkbox"/> | Month(s) preferred _____                                |

**Catholic Applicants**

Parish student attends: \_\_\_\_\_

Sacraments received (Give date and place)

Baptism: \_\_\_\_\_ First Communion: \_\_\_\_\_

Reconciliation: \_\_\_\_\_ Confirmation: \_\_\_\_\_

**Father's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Mother's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Guardian's Information (Local Contact Person) responsible for student in Canada**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Sibling Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Is any member of the student’s family a former student in one of the Catholic Independent Schools of Nelson Diocese?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: please note name of child and school attended \_\_\_\_\_

**Medical Information**

Physical Condition \_\_\_\_\_

Is your child able to participate in a full Physical Education Program? Yes No

Does your child have any of the **emergency conditions** following? (indicate with check mark)

- Diabetes  Hearing Problems  Heart Condition
- Hemophilia  Seizure  Asthma
- Vision Problems  Epilepsy  Other

Severe Allergies to: \_\_\_\_\_,

causing symptoms such as:

- hives  difficulty breathing  swelling
- throat tightness or closing  fainting or loss of consciousness

Specify others: \_\_\_\_\_

Severe Asthma causing:

- extreme difficulty breathing  uncontrollable coughing
- wheezing not relieved with medication

Have you ever required emergency care in a hospital for severe allergic reaction? Yes No

**Non-emergency condition:**

- mild allergies controlled with medication  eating disorder (i.e. anorexia)
- mild asthma controlled with medication  cancer
- dyslexia  migraine headaches
- narcolepsy  medication allergy
- mental health issue (i.e depression); specify: \_\_\_\_\_
- lupus  attention and/or hyperactive condition
- aggressive condition  hearing impaired  visually impaired
- physical disability  specify others: \_\_\_\_\_

Briefly explain above condition(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Card Number: \_\_\_\_\_

*All students must register with MSP – Medical Services Plan of BC(or accepted similar)*

In an emergency you may send my child to hospital: \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Academic Information**

1. Schools attended – list the last two schools, starting with the most recent.

School	Grade	Location	Dates of Attendance
_____	_____	_____	_____
_____	_____	_____	_____

2. Has the student repeated any grades? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes”, Grade \_\_\_\_\_ Year \_\_\_\_\_

3. Does the student have any academic problems? If so, please supply details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the student have, or has he/she experienced any social problems (Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please list student’s interests and hobbies (eg. piano, soccer)

\_\_\_\_\_  
\_\_\_\_\_

6. Is there any thing else you wish to convey to the school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: Please attach all original, plus officially translated copies of, transcripts and/or report cards for the past two years.*

Add the privacy policy

A successful experience depends upon the student making his/her best effort in every area of school life. The School reserves the right to dismiss students and return them home, at the parent's expense, without tuition refund, for violations of the School's Code of Conduct and/or International Student Guidelines.

Please read and sign the ***Student/Parent Acceptance Agreement***.

Please notify the **International Student Coordinator** of any change of address, telephone, fax number, or e-mail address.

1. \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent Signature)*

2. \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent Signature)*

**DOCUMENT CHECKLIST**

*(Please ensure that all required information is enclosed with your application.  
 Incomplete applications will not be processed)*

1. ***Completed Application Form***
2. ***Application Fee (\$200.00 payable to CISND)***
3. ***Copy of Passport and current Student Study Permit (if applicable)***
4. ***All officially translated copies of Transcripts and/or Report Cards for the past two years***
5. ***Principal's Recommendation***
6. ***English Teacher's Recommendation***
7. ***Student/Parent Acceptance Agreement***
8. ***Guardian/ Custodian Notarized Document***
9. ***Completed Financial Responsibility Form***
10. ***Completed Student Homestay Information Package (if applicable)***
11. ***Baptismal Certificate(if applicable)***

**Please mail your completed application and registration fee to:**

**International Education Program  
 at the School you are applying to**

**Office Use Only:**

Received: _____	Passport	_____	Student Study Permit
_____	Baptismal Certificate (if applicable)	_____	Report Cards/Transcripts
_____	Financial Responsibility Form	_____	Application Fee (\$200.00)
_____	Guardian/Custodian Document	_____	Student Homestay Package
_____	Student/Parent Acceptance	_____	Principal's Recommendation
_____	English Teacher's Recommendation	_____	Prepaid Tuition Received
_____	Letter of Acceptance Issued	_____	Letter of Confirmation Issued