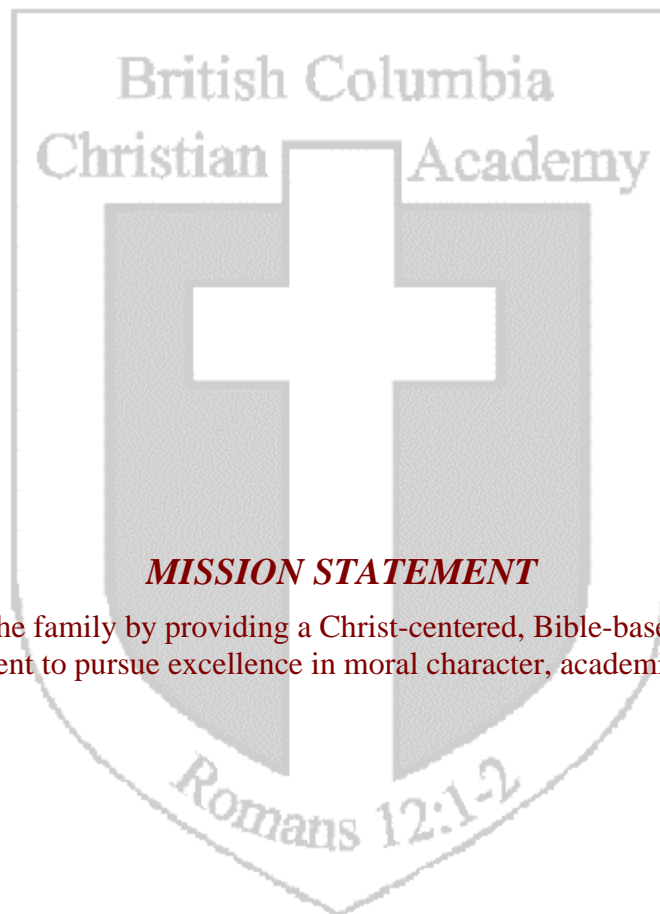




British Columbia Christian Academy

ESL WINTER PROGRAM STUDENT APPLICATION 2009



MISSION STATEMENT

To assist the family by providing a Christ-centered, Bible-based education that inspires each student to pursue excellence in moral character, academics and service to others.



British Columbia Christian Academy

ESL WINTER PROGRAM — STUDENT APPLICATION

Date of Application: _____
Year / Month / Day

PERSONAL DATA			1 BCCA STUDENT NO.: _____ (For previously enrolled students)
PLEASE PRINT CLEARLY IN ENGLISH			
2 LAST NAME:	FIRST:	MIDDLE:	3 ENGLISH NAME:
4 DATE OF BIRTH: Year _____ Month _____ Day _____	5 AGE:	GRADE:	6 GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
7 CITIZENSHIP:	8 COUNTRY OF RESIDENCE:	9 EMAIL ADDRESS: _____ @ _____	

ESL WINTER PROGRAM APPLICATION

10 PROGRAM OPTIONS: <input type="checkbox"/> 4 Week (Jan.5- 30, 2009) \$1500 per student <input type="checkbox"/> 8 Week (Jan.5-Feb.27) \$3000 per student		11 OPTIONAL WHISTLER MTN SKI TRIP: <input type="checkbox"/> \$150 per student (tent. Feb. 12 only)
12 APPLICATION FEE: \$ 50 per student	13 TOTAL APPLICATION & PROGRAM FEES: (Total of #10 + #11 + #12) \$ _____	
14 HOMESTAY PLACEMENT FEE: \$ 100 per student placed with a Host Family	15 HOMESTAY FEE: \$ 33 Per Night per student X _____ Nights = \$ _____	
16 TOTAL PLACEMENT & HOME-STAY FEES: \$ _____ (Total of #14 + #15)	17 MEDICAL INSURANCE FEE (if applicable) from # 23 below: \$ _____ (\$1.70 x # of days)	18 TOTAL FEES PAYABLE: \$ _____ (Total of #13 + #16 + #17)
19 NAME OF PERSON PAYING FEES:		

STUDENT MEDICAL INFORMATION

20 Does this student have any food / drug allergies? If so please list:
21 Does this student have any medical condition that the school should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give additional information:
22 Father's Name: _____ Mother's Name: _____ Address in Home Country: _____ Home Phone Number: _____ Business Phone Number: _____ Fax: _____ Email: _____
23 Does this student currently have Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: All students attending BCCA must have medical coverage!) If Yes, please give Care Card No. or Private Medical Insurance Policy No. _____ If No, does student want to purchase insurance from BCCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please calculate insurance fee: \$1.70 per day X _____ number of days in Canada = \$ _____ (and record in box # 17 above).

STUDENT TRAVEL AND HOMESTAY REQUIREMENTS

24 Does this student need Homestay Placement? Yes No (**Please note: children under age 8 of are not eligible for Homestay**)
If student needs homestay placement, please fill out the Student Homestay Application:
Does this student need Airport Service? Yes No If Yes, please fill out the following:
Arrival Date: _____ Time: _____ Airline: _____ Flight #: _____

ENGLISH LANGUAGE HISTORY OF THE STUDENT

25 Has this student previously studied ESL at BCCA? Yes No
If Yes, when and for how long? Date: _____ Duration of Program (in weeks): _____
Date: _____ Duration of Program (in weeks): _____

26 Has this student previously studied ESL at other language schools? Yes No
If Yes, where, when and for how long? School: _____ Date: _____ Duration of Program (in weeks): _____
School: _____ Date: _____ Duration of Program (in weeks): _____

SIGNATURE OF STUDENT OR PARENT/GUARDIAN

I hereby certify that the information I have provided in this Student Application Form is true and correct. I understand that submission of this application does not guarantee admission to the program or the course offered by the British Columbia Christian Academy.

RELEASE FORM

In consideration of the acceptance of this application for registration, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against B.C. Christian Academy and/or its representatives and/or assignees, for any and all damages which may be sustained and suffered by me or my child (of whom I am parent/guardian) in connection with my or my child's association with or registration in this program of study or any activities associated with such program, or which may arise out of my or my child's travelling to, participating in, or returning to/from said program or activities associated with it.

Applicant signature

Parent or Guardian signature (If student is under 19 years of age)

Date

Please print Parent's/Guardian's name legibly

IMPORTANT ADDITIONAL INFORMATION

All students registering as part of a **Group MUST** also complete this form. Please be sure to fill in this form **completely** before submitting it to BCCA.

THIS STUDENT APPLICATION FORM MUST BE ACCOMPANIED BY:

- One passport photo.
- Photocopy of the student's birth certificate or passport to prove age.

IMPORTANT:

- Please note, BCCA reserves the right to refuse admission on the basis of academic or behavior history, or class size requirements and limitations.
- **Acceptance will be determined on a first come and paid in full basis.**
- Students may attend winter school on a Visitor Visa. A student visa is not necessary for a program of this duration.

FOREIGN VISAS:

If students wish to travel to the United States, they need to contact the United States consulate in their home country before coming to Canada.

ACCOMMODATION

British Columbia Christian Academy can arrange homestays for students ages 8 and older, if desired. The Homestay family is carefully reviewed by the school. There is a fee for placing student with a homestay family (Please see the Fees on the first page of this form for the amount).