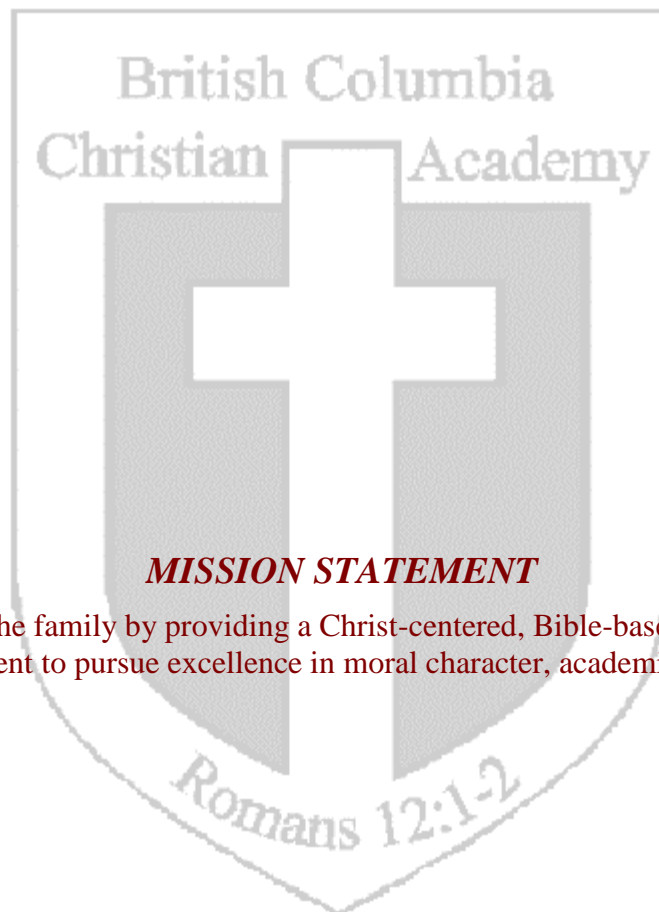




British Columbia Christian Academy

SHORT TERM STUDY PROGRAM STUDENT APPLICATION

2013-2014



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 SHORT TERM STUDY PROGRAM — STUDENT APPLICATION

Date of Application: _____
Year / Month / Day

PERSONAL DATA

PLEASE PRINT CLEARLY IN ENGLISH

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

PROGRAM APPLICATION and FEE:

10 SEMESTER: <input type="checkbox"/> 1. SEP 2013 – FEB 2014 <input type="checkbox"/> 2. FEB 2014 – JUN 2014 <input type="checkbox"/> 3. _____ to _____ (please enter from/to dates requested)	11 ESL INTENSIVE PROGRAM: \$425.00 per week NO. OF WEEKS _____ x \$425.00 = \$ _____	12 APPLICATION FEE: \$100.00
14 HOMESTAY PLACEMENT FEE: \$150.00	15 HOMESTAY FEE: ____ Nights X \$35.00 = \$ _____ .00	13 MEDICAL INSURANCE: + \$2.00 per day = \$ _____ .00
TOTAL FEES PAYABLE: 11+12+13+14+15+16= \$	PAYMENT RECEIVED: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque No. <input type="checkbox"/> Other	16 TRANSPORTATION FEE \$100.00 one way; \$125.00 two ways <input type="checkbox"/> One Way <input type="checkbox"/> Two Ways = \$ _____ .00
		Remarks:

STUDENT MEDICAL INFORMATION

Does this student have any food / drug allergies? If so please list:			
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:			
Father's Name:		Mother's Name:	
Address in Home Country:			
Home Phone Number:	Business Phone Number:	Fax:	Email:
Does this student currently have Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give Care Card No. or Private Medical Insurance Policy No.			
Note: All students attending BCCA must have medical coverage!			

LEGAL GUARDIAN OR CONTACT PERSON IN VANCOUVER AREA

NAME:		
Relationship to the Family:		
Address student will be staying at while in Canada:		
Home Phone:	Work Phone:	Cell Phone:
Fax Number:	E-mail Address:	@
AGENT'S NAME:		OR <input type="checkbox"/> Same as above
NAME OF COMPANY:		Phone Number:
Cell Phone:	Fax Number:	E-mail Address:

STUDENT TRAVEL AND HOMESTAY REQUIREMENTS

Does this student need Airport Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If student needs homestay placement, please fill out the following, as well as the Student Homestay Application:	
Arrival Flight / Date: _____ / _____	Time: _____
Departure Flight / Date: _____ / _____	Time: _____
Mother Tongue: _____	Level of English: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate
Traveling with another student or group? Name(s): _____	
Does this student need Homestay Placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever homestayd before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Please note that children in School Grades K - 3 are not eligible for Homestay and must stay with parents.)	
Homestay Preferences: Family with children: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please tick one of the following:	
<input type="checkbox"/> Around the same age as student(s) <input type="checkbox"/> Older than Student(s) <input type="checkbox"/> Younger than Student(s) <input type="checkbox"/> No Preference	
Family with pets: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please tick one of the following: <input type="checkbox"/> Any <input type="checkbox"/> Please Specify _____
Is there any food you cannot eat? Please Specify _____	
What are your hobbies and interests?	

SIGNATURE OF STUDENT

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.

Signature of Applicant

Signature of Parent/Guardian for students under age 19 years

Print Name of Applicant

Print Name of Parent/Guardian

Date: _____



British Columbia Christian Academy

Tel: 604-941-8426 Fax: 604-945-6455 website: www.bcchristianacademy.ca
1019 Fernwood Avenue, Port Coquitlam – British Columbia V3B 5A8 Canada

IMPORTANT ADDITIONAL INFORMATION

All students who wish to enroll **MUST** complete the application form **completely** before submitting it to the office.

THE APPLICATION FORM MUST BE ACCOMPANIED BY:

- One passport photo.
- Photocopy of the student's birth certificate or passport to prove age
- A non-refundable \$100.00 Application Fee
- B.C.C.A. Student Number (For former B.C.C.A. students)

IMPORTANT:

- Please note, B.C.C.A. reserves the right to refuse admission on the basis of academic or behavior history, or class size requirements and limitations.
- Tuition must accompany the completed application.
- Tuition is due in the form of a cheque, or money order payable to British Columbia Christian Academy, in Canadian funds, or Wire Transfers. (For International Students, the cheque must be verified.)
- Students may attend summer 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 in Grades 4 - 12 if desired. The Homestay family is carefully reviewed by the school. All applicable fees are as specified above (ESL SUMMER PROGRAM APPLICATION and FEE).

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.

Signature of Applicant

Signature of Parent/Guardian for students under age 19 years

Print Name of Applicant

Print Name of Parent/Guardian

Date: _____