

Information Required for Abbotsford Online Applications

This word Document version is to help you prepare your information before starting the online application. **DO NOT** submit this version as an application – all answers must be entered into the online application.

Log in Info

1. Legal Last (or Family) Name(s): Please write it as it appears in your passport, but **NOT** CAPITALIZED! Please write in lowercase letters.
2. Legal First or Given Name(s): Please write it as it appears in your passport, but **NOT** CAPITALIZED! Please write in lowercase letters
3. Birthdate: Use format "April 1, 2001"

Section 1 of 11 – Student Information

***Do not type in all capital letters.**

1. **Legal Last (or Family) Name(s):** Please write it as it appears in your passport, but **NOT** CAPITALIZED! Please write in lowercase letters.
2. **Legal First or Given Name(s):** Please write it as it appears in your passport, but **NOT** CAPITALIZED! Please write in lowercase letters.
3. **English Name:** This field is optional
4. **Birthdate:** Use format "April 1, 2001"

Note** Age limit is 17 by December 31

5. **Gender:** Male or Female

6. **Country:** As it appears on your passport, only Capitalize the First Letter

7. **Student Email:** Strongly encouraged

8. **Care Card Number:** please enter if you have ever had a British Columbia Medical Services Plan number in the past

9. **Sibling(s):** Please enter any brothers or sisters that are attending or are currently registered

10. **Student Photo** – must be in jpg format

Section 2 of 11 – Primary Parent Contact

1. **Primary Parent Relation:** A drop down menu will appear. Please choose 'Mother' or 'Father', who is the student's legal guardian. This name will appear on the Custodianship Declaration for Immigration Canada.

2. **Parent Last Name:** Legal Last (or Family) Name(s): Please write it as it appears in their passport, but only Capitalize the First Letter of Each Name

3. **Parent First Name:** Legal First or Given Name(s): Please write it as it appears in their passport, but only Capitalize the First Letter of Each Name

4. **Date of Birth:** Use format "April 1, 2001"
5. **Parent Email:**
6. **Home Phone:** Please include all country codes and area codes
7. **Mobile Phone:** Please include all country codes and area codes
8. **Address:**
9. **City:**
10. **Province:**
11. **Country:**
12. **Postal Code:**

Section 3 of 11 – Secondary Parent Contact

1. **Secondary Parent Relation:** A **drop down** menu will appear. Please choose 'Mother' or 'Father', who is the student's legal guardian. This name will appear on the Custodianship Declaration for Immigration Canada.

2. **Parent Last Name:** Legal Last (or Family) Name(s): Please write it as it appears in their passport, but only Capitalize the First Letter of Each Name

3. **Parent First Name:** Legal First or Given Name(s): Please write it as it appears in their passport, but only Capitalize the First Letter of Each Name

4. **Date of Birth:** Use format "April 1, 2001"

5. **Parent Email:**

6. **Home Phone:** Please include all country codes and area codes

7. **Mobile Phone:** Please include all country codes and area codes

8. **Address:**

9. **City:**

10. **Province:**

11. **Country:**

12. **Postal Code:**

Section 4 of 11 - Placement Details

1. **Program Start Date:** Drop Down Menu will appear

2. **Length of Stay:** Drop Down Menu will appear. Choose 1 year even if you plan to stay for more than 1 year.

3. **Current Grade:** Enter the grade that you are currently enrolled in in your home country

4. **Current School**

Please type the name of school, city, country you are currently attending

5. **Previous School**

Please type the name of school, city, country you attended prior to your current school

6. **SCHOOL PLACEMENT**

	Elementary					Middle				Secondary			
Grade	K	1	2	3	4	5	6	7	8	9	10	11	12
Age	5	6	7	8	9	10	11	12	13	14	15	16	17

7. **Intend to graduate from BC:** Drop Down Menu choose Yes or No to indicate whether you plan to stay until graduation

8. **Requested Grade:** Using the chart above, please indicate which grade based on the age you will be when you begin studying

9. **School Choice 1:** Select from a Drop Down Menu. School placements are based on space available, suitability of courses selected, and distribution of students from a single nationality
10. **School Choice 2:** Select from a Drop Down Menu
11. **School Choice 3:** Select from a Drop Down Menu
12. **Required courses:** Please indicate if there are any courses that are required by the home country school or government. Please note that we will do our best but that course placements are made based on availability.
13. **Program/course request or special interest:** Please indicate if there are any courses or programs of special interest that the student would like to study. Please note that we will do our best but that course placements are made based on availability.

Section 5 of 11 – Student Medical Information – all questions must be answered

NOTE: The School District **MUST** be informed in writing of student's arrival date in **Canada**. The School District will only provide medical coverage up to 2 weeks prior to orientation. If a student arrives before this date, they must arrange their own travel insurance.

For students completing their studies in June, the District will cease the medical coverage as of June 30.

For students completing their studies in January, the District will cease the medical coverage as of January 31.

1. **Allergies** : Choose from a drop down menu. If NO, proceed to next question, if YES please use space provided to identify the allergy and state how it affects the student, medication required.
2. **Medical Condition or Take any Medication**: Choose from a drop down menu. If NO, proceed to next question, if YES please use space provided to identify the medical condition or medication.
3. **Learning Issues**: Choose from a drop down menu. If NO, proceed to next question, if YES please use space provided to identify the learning issue
4. **Social and / or Behavioral Issues** : Choose from a drop down menu. If NO, proceed to next question, if YES please use space provided to identify the social and /or behavioral issue, and how it impacts the student's learning.

Section 6 of 11 - Homestay

Note: Students under the age of 12 must live with at least one parent in Abbotsford while enrolling in our program.

For students completing their studies in June, district homestay arrangement will cease as of June 30.

For students completing their studies in January, district homestay arrangement will cease as of January 31.

1. **Apply for District Homestay:** Choose YES or NO from a drop down menu.

If **NO**, proceed to question 2,

If **YES**, will you apply for the Homestay Payment Service Package?

If you choose 'YES' to the Homestay Payment Service, the fee of \$8,270 for the full year homestay (or \$4,270 for the half year) homestay will be added to your invoice, and we will pay the family on your behalf. All fees on your invoice must be paid in full to complete the application process.

**please note that \$270 is to cover additional homestay nights before or after the program begins. Unused nights will be refunded

Upload, complete and scan the Student Homestay Application

Please use the support document link to download, print, sign, scan and upload the Student Homestay Application

Student Homestay Application: Browse... MUST BE IN PDF OR JPG FORMAT
[SUPPORT DOCUMENT](#) (PDF)

2. If you answered **NO** to question 1. above and you will **NOT** live in the District Homestay, please go to the Section **“Will live with Parents in Canada”**.


If you select **YES** please save and go to the next section,

If you select **NO**, the student will **NOT** live with their natural parents in Canada, then

1. Carefully read the terms and conditions of private homestay selection, and put your name and date in the fields indicated

I have read above and fully agree to its terms and conditions.

Parent Full Name: *

Date: * 

2. Complete the required Private Homestay Information fields identifying who will be taking care of the student, and where

If you do not yet have the names and address of the homestay please enter **TBA** in each field, and update us when you have the information.

Section 7 of 11 - Custodian

1. R require Complimentary Custodianship: Choose YES or NO from the drop down menu.

For students completing their studies in June, complimentary district custodianship will cease as of June 30.

For students completing their studies in January, complimentary district custodianship will cease as of January 31.

If you choose **YES**, Save and go to Section 8

If you choose **NO**, please use the spaces provided to identify who will be the Custodian and where they will live

Section 8 of 11 - Miscellaneous

1. **Require Airport Reception:** Choose YES or NO from the dropdown menu
2. **Referred by Agent:** : Choose YES or NO from the dropdown menu

If you answer **NO** please save and proceed to **Section 9**

If you answer **YES** please indicate

3. **Agency Name:**

4. **Agency email:**

Section 9 of 11 - Admission Documents

All required documents must be scanned into a PDF or JPG format. File size limit is 5 megabytes per document.

1. **Participation Agreement: *** 1) Download the required document, 2) complete it, 3) scan it and 4) upload it
2. **Waiver for Higher Risk Activity (grade 9-12 student only):** 1) Download the required document, 2) complete it, 3) scan it and 4) upload it
3. **Student Reports (current year and previous 2 years):** Scan and upload, must be in JPG or PDF format

4. **Student Passport (picture page):** Scan and upload, must be in JPG or PDF format

5. **Study Permit (if has a valid one):** Scan and upload, must be in JPG or PDF format

6. **Other documents:** If we request additional documents or you have additional information to send please upload JPG or PDF format here

Section 10 of 11 - Fees

All applicants must click on the field below in order to continue to finalize the application

Section 10 of 11 - Fees
Application Fee (\$200.00): * <input type="text" value="I acknowledge responsibility for this fee. ▼"/>

Section 11 of 11 - Secure Payment

Please complete the requested fields in order to pay \$200 application fee by Credit Card

Section 11 of 11 - Secure Payment

Amount AMOUNT IN CANADIAN CURRENCY

Credit Card Type

Card Number: NUMBERS ONLY (NO SPACES)

Expiry Month:

Expiry Year:

Card CVV2 Number: [LEARN MORE ABOUT CVV2](#)

Cardholder Name: EXACTLY AS IT APPEARS ON THE CARD

Address:

City:

Province:

Country:

Postal Code:

Phone Number:

Email Address:

Confirm Email Address: MUST MATCH EMAIL ADDRESS ABOVE

Refund Policy

Please read and agree to the following: Click on the link to the Refund Policy below and then choose the tick box once you have read and understood it.

I have read and understood the [Refund Policy](#) for Abbotsford School District

The application is now complete