



Langley International Student Program ~ Summer 2015

4875 – 222 STREET, LANGLEY, BC, V3A 3Z7
 TEL: 604-534-7891 FAX: 604-532-1450
 Email: ispsummercamp@sd35.bc.ca

APPLICATION FORM

<u>Programs</u>	<u>Time</u>	<u>Application Deadline</u>
<input type="checkbox"/> A 3 week ESL and Cultural Activities	Sunday, July 5 - Saturday, July 25	May 1 st , 2015
<input type="checkbox"/> B 3 week ESL and Cultural Activities	Sunday, July 26 - Saturday, August 15	May 15 th , 2015

Student Information – Print in Block Letters (Capital Letters)

Student Name: _____
Surname (Family Name) Given Names English Name (if applicable)

Date of Birth: _____ **Age:** _____ **Female** **Male** **Country:** _____
(Day/Month/Year)

Passport Number: _____

Parent Information

Father's Name: _____ **Mother's Name:** _____

Telephone: (_____) _____ **Cell:** _____

Fax: (_____) _____ **Email:** _____

Address in Home Country

Street

City Province Country Postal Code

Emergency Contact Person in Home Country or in Canada Other Than Parents

Name: _____ **Relationship:** _____

Telephone: (_____) _____ **Cell/Mobile Phone:** _____

Address: _____

Email: _____

Agent Referral Information (If Applicable)

Agency Name: _____ **Contact:** _____

Email: _____ **Tel:** _____ **Fax:** _____

DISTRICT HOMESTAY REQUIRED No Yes

If you choose yes, please fill out the following questions.

Student Information – For Homestay Purposes

Student Name: _____
Surname (Family Name) Given Names English Name (if applicable)

Date of Birth: _____ Age: _____ Female Male Country: _____
(Day/Month/Year)

Homestay Placement Information

1. Does the student have any allergies?

Medications No Yes _____

Food No Yes _____

Pets No Yes _____

Others No Yes _____

If others please specify _____

2. Does the student regularly take medication? No Yes

3. Would the student like to stay with other students from the same country? No Yes

**** The Homestay Department makes every attempt to honor your requests; however cannot guarantee that all preferences can be met.***

2015 Summer Camp Program Costs

Program Fee (includes program fee and medical coverage)

A - 3 Week ELL and Cultural Activities – July 5 to July 25 – \$ 2,100 \$ _____

B - 3 Weeks ELL and Cultural Activities – July 26 to August 15– \$ 2,100 \$ _____

Total Program Fee \$ _____

If requiring Homestay, please fill out the following and pay Homestay family directly when student arrives.

District Homestay Fee (Includes 3 meals per day, airport pick-up and drop off)

A - 3 Week ELL and Cultural Activities – July 5 to July 25 – \$ 600 \$ _____

B - 3 Weeks ELL and Cultural Activities – July 26 to August 15 –\$ 600 \$ _____

Additional Fee

Extra Homestay nights for student arriving early or departing late -\$35 X ___ nights = \$ _____

Total Homestay Fee \$ _____

Please pay Homestay fee directly to your homestay family when student arrives

****Prices are subject to change. All fees are payable in advance and prior to commencement of the program.****

Payment Information

Payment can be made by money order, certified cheque or bank draft payable to Langley School District. Fees may be wired directly to the bank. Please contact us for banking information before transferring money.

Refund Policy

All applications for refunds must be made in writing and addressed to the International Student Program office of the Langley School District. Calculations for refunds will be made based upon date of receipt of written notification.

- Full refund less \$250 administrative charge if application for Student/Visitor visa is rejected.
- 2/3 refund if you withdraw more than 30 days before program start date.
- 1/2 refund if you withdraw more than 14 days before program start date.
- No refund if you withdraw less than 14 days before program start date.

Release Form

We, the undersigned, request that our son/daughter be allowed to participate in the full range of activities that will take place during the International Summer School Program.

We, the undersigned, do waive and release all claims against School District #35 (Langley) for any injury, loss, damage, accident, delay or expense resulting from the applicant's participation in the International Summer School Program. I understand that my child's photo may be taken during the program for educational purposes and that the photos may be used for educational advertisement (digital or print) in the future. We also release the School District and agree to indemnify them, with regard to any financial obligation or liabilities that the applicant may cause while participating in the International Summer School Program. We understand that the School District is not responsible for any loss or injury suffered by the applicant during periods of travel. If the applicant becomes ill or incapacitated, the School District may take such actions as it considers necessary, including securing medical treatment and transporting the applicant home at his or her own expense. We release School District #35 from all liability related to such actions. We understand the applicant's participation in the program may be terminated at the discretion of the Administrator of the International Student Program without any refund of fees, and that the applicant may be sent home at his or her own expense if he or she violates school rules, the district code of conduct, and/or the laws of BC and/or Canada.

I have read the above and agree to both the medical release authorization and the release clause.

Signature of Student

Signature of Parent 1

Signature of Parent 2

Date

Date

Please submit the application to:

Langley School District, International Student Program

4875 222 STREET, LANGLEY, BC

CANADA V3A 3Z7

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