

BODWELL HIGH SCHOOL & ACADEMY

955 Harbourside Drive, North Vancouver, B.C. Canada V7P 3S4
 Tel: +1-604-924-5056 | Fax: +1-604-924-5058 | E-mail: office@bodwell.edu

APPLICATION FOR ADMISSION

Application for Admission - Page 1 of 4

SEMESTER APPLIED FOR					
STARTING SEMESTER	NUMBER OF SEMESTERS	GRADE APPLYING FOR			
		G8	G9	G10	G11 G12
ACCOMMODATION REQUIREMENT					
Which type of residential option do you need?				Do you need airport pick-up on arrival at Vancouver?	
DORMITORY	HOMESTAY	NONE		YES	NO
STUDENT - PERSONAL DATA					
FAMILY NAME (SURNAME)			GIVEN NAME(S)		SEX
					M F
DATE OF BIRTH		COUNTRY OF BIRTH		CITIZENSHIP	
YEAR	MONTH	DAY			FIRST LANGUAGE
STUDENT - CONTACT INFORMATION					
STREET ADDRESS				CITY	
PROVINCE (STATE)		COUNTRY		POSTAL CODE	
TELEPHONE (WORK OR HOME)		TELEPHONE (MOBILE)		E-MAIL ADDRESS	
Country Cd	Area Code	Local Number	Country Cd	Area Code	Local Number
+ () -			+ () -		
PREVIOUS SCHOOL(S)					
NAME OF SCHOOL(S)		GRADE FROM		GRADE TO	
		DATE FROM		DATE TO	
EMERGENCY CONTACT IN CANADA <small>(Guardian/Relative/Friend in Canada for International Students)</small>					
FAMILY NAME (SURNAME)			GIVEN NAME(S)		RELATIONSHIP
STREET ADDRESS				CITY	
PROVINCE (STATE)		COUNTRY		POSTAL CODE	
TELEPHONE (WORK OR HOME)		TELEPHONE (MOBILE)		E-MAIL ADDRESS	
Country Cd	Area Code	Local Number	Country Cd	Area Code	Local Number
+ () -			+ () -		

FAMILY - FATHER (OR MALE GUARDIAN)					
FAMILY NAME (SURNAME)			GIVEN NAME(S)		
DATE OF BIRTH YEAR MONTH DAY 		MARITAL STATUS	RELATIONSHIP TO THE STUDENT		
STREET ADDRESS (if different from student's)				CITY	
PROVINCE (STATE)		COUNTRY		POSTAL CODE	
TELEPHONE (WORK OR HOME) Country Cd Area Code Local Number + () -		TELEPHONE (MOBILE) Country Cd Area Code Local Number + () -		E-MAIL ADDRESS	
FAMILY - MOTHER (OR FEMALE GUARDIAN)					
FAMILY NAME (SURNAME)			GIVEN NAME(S)		
DATE OF BIRTH YEAR MONTH DAY 		MARITAL STATUS	RELATIONSHIP TO THE STUDENT		
STREET ADDRESS (if different from student's)				CITY	
PROVINCE (STATE)		COUNTRY		POSTAL CODE	
TELEPHONE (WORK OR HOME) Country Cd Area Code Local Number + () -		TELEPHONE (MOBILE) Country Cd Area Code Local Number + () -		E-MAIL ADDRESS	
REFUND POLICY (BEFORE YOU SUBMIT THIS APPLICATION FORM, PLEASE CAREFULLY READ THE FOLLOWING)					
<p>The following policy applies when a student withdraws from the secondary school program after fees are paid. (For a newly registered student, the paid tuition covers the first two semesters. The program includes the first 2 semesters' tuition fee.)</p> <ol style="list-style-type: none"> 1) The registration fee and homestay placement fee are non-refundable. 2) Two-thirds (2/3) of the paid tuition fees will be refunded if the student withdraws prior to the start of the program. 3) One-half (1/2) of the paid tuition fees will be refunded if the student withdraws, for whatever reasons, any time within 30 calendar days from the start of the program. 4) No refund of paid tuition fees will be granted if the student withdraws, for whatever reasons, after 30 calendar days from the start of the program. 5) No refund of paid tuition fees will be granted if the student is found in violation of school regulations and asked to withdraw from the school. 6) Students requesting homestay or dormitory must read the corresponding refund policies on the accommodation application forms. <p>International Students Only:</p> <ol style="list-style-type: none"> 1) The same refund policy stated above applies to international students. However, if study permit for international students is not approved by Immigration Canada, a full refund of all fees, except the registration, custodianship declaration and homestay placement fees, will be granted upon written proof of such refusal. 2) The school has different tuition fees for local and international students. If any international student becomes a landed immigrant during the course of study, the lower fees will take effect in the following semester. 					
PLEASE READ AND SIGN BELOW					
I declare that the information given in this application is complete and correct to the best of my knowledge and I have read and fully accept the refund policy.					
Student's Signature: _____			Parent's Signature: _____		
Date: _____			Date: _____		

MEDICAL INFORMATION (to be completed by parent/guardian)

1. Does the student have any of the following medical conditions that may require emergency care at school?

Seizure-disorder/epilepsy

Life-threatening allergy (anaphylaxis)

Diabetes

Serious heart condition

Severe asthma

Blood clotting disorders

Others _____

*** Attach medical protocol for treatment and care.**

2. List any other medical conditions or allergies and care required:

3. Is the student on any medication?

YES

NO

If YES, please list. _____

4. Bodwell Academy & High School offers a Physical Education Program that includes swimming, canoeing, hiking, camping, etc. Does your child have any PHYSICAL OR EMOTIONAL problem, which prevents full participation in such a program?

YES

NO

If YES, please state particulars: _____

5. Has the student obtained the British Columbia Medical Services Plan (MSP)?

YES

NO

If YES, please provide the care-card number. _____

6. For International students; please indicate the date when the current Student Visa expires: _____

7. For Canadian students; Your local doctor's name: _____ and contact number: _____

8. For Students in Student Residence and Homestay; Do you authorize student residence staff, counselors and/or the school nurse to administer over-the-counter medication and prescription drugs, according to doctors' instructions, when deemed necessary?

YES

NO

COMMITMENT BY STUDENT & PARENT (Please put a check mark on every item after reading)**No-smoking in Bodwell High School & Academy (All Students)**

Bodwell Academy & High School is a smoke-free school. Students who are caught smoking in the school vicinity face the following consequences: for a first offence, a warning letter is sent to parents; for a second offence, the student is given in-school suspension and a second warning letter is sent to parents; for a third offence, the student is expelled.

Student Appearance and Dress Code (All Students)

To foster a positive environment that is appropriate and safe for the learning of the students, the following are major guidelines. Students are required to comply with the school uniform policy:

- Students should be groomed and dressed neatly in uniform for school.
- Students are not allowed to pierce or tattoo any noticeable parts of their body, such as face or tongue.
- Students are encouraged to have a neat, clean and moderate hairstyle. Inappropriate or dyed hair or outrageous colors will require correction.

Not going on unsupervised overnight trips (Dormitory and Homestay Students)

Students who choose to live in the school dormitory and school-arranged homestay must follow the policy of not staying away overnight without adult supervision and parental approval. They should not go on any unsupervised field trips.

Agreed and signed by:

Student's Signature: _____

Parent's Signature: _____

AUTHORIZATION BY PARENT

In permitting my child to attend the secondary school program of Bodwell High School & Academy, I, the undersigned, permit my child to participate in the full range of school activities and authorize the principal or his or her appointee, in the event of accident or illness affecting this above named student, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as may be deemed necessary for the care and well-being of the student. When the above situation arises, the undersigned or the student's guardian in Canada will be contacted as soon as possible. It is understood the school is not responsible for medical expenses incurred by the student.

Print Parent's Name: _____

Parent's Signature: _____

Date: _____

PARENT/GUARDIAN CONSENT REGARDING PERSONAL INFORMATION

1. I consent to having Bodwell High School & Academy collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Bodwell High School & Academy, (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Bodwell High School & Academy; (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Bodwell High School & Academy's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Bodwell High School & Academy.

This information is required in order to register your child at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, the privacy officer for Bodwell High School & Academy is Kevin Booth and may be reached at 604-924-5056 ext.104.

Parent/Guardian's Signature: _____ Date: _____

2. I consent to having photographs and work samples of my child(ren) used by Bodwell High School & Academy in the yearbook, newsletters and other promotional material.

Parent/Guardian's Signature: _____ Date: _____

3. Release and Storage of Parent Personal Information

Bodwell High School & Academy acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.

Signature: Kevin Booth

Name: Kevin Booth

Title: Privacy Officer

Phone: +1-604-924-5066 (ext. 104)