

Victoria International High School Programs

Name of referring agency, if applicable.

I am applying for the following programs:

- A. Academic High School Program (complete pages 1-4)
- B. Academic Transition Program (complete pages 1-3)
- C. Short-Term High School Experience Program (complete pages 1-3)
- D. Camp Victoria ESL Summer Program (complete pages 1-3)



Many students applying to VIHSP can enjoy the convenience of registering and paying on-line. Please visit our website for more information: www.studyinvictoria.com

General Information

(Please complete all sections in English — PLEASE PRINT CLEARLY)

Student's Family Name _____

Student's Given Name _____

Student's English Name (if any) _____

Sex Male Female

Date of Birth Day _____ Month _____ Year _____

Father's Name _____

Mother's Name _____

Father's Occupation _____ Mother's Occupation _____

Home Address _____

City _____

Country _____ Postal Code _____

Home Tel _____ Fax _____

Father's Work Tel _____ Fax _____

Mother's Work Tel _____ Fax _____

Email _____

Emergency Contact Person (other than parents)

Name _____

Address _____

Telephone _____ Fax _____

Email _____



(Please attach a recent photograph of yourself in the space above).

Personal Information

Do you have any brothers or sisters? Yes No

Sibling's Name _____

Age _____ Sex Male Female

Sibling's Name _____

Age _____ Sex Male Female

Sibling's Name _____

Age _____ Sex Male Female

Do you play a musical instrument? Yes No

If yes, what kind? _____

Can you read music? _____

List any pets you have _____

What are your hobbies and interests? _____

What sports do you play? _____

What are your favourite courses in school and why? _____

How long have you studied English? _____

If you attend church or temple, please indicate type _____

Describe briefly why you wish to participate in the Victoria International High School Programs

Have you ever travelled or studied abroad before? Yes No

If yes, where? _____

Homestay Request

I will require a homestay: Yes No, I have a homestay arranged with:

Name _____

Address _____

Postal Code _____

Home Telephone _____

Work Telephone _____

Email _____

Relationship _____

Homestay Information

Describe your personality

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Like to be active |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Like to study |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Don't worry much |
| <input type="checkbox"/> Disorganized | <input type="checkbox"/> Easily worried |
| <input type="checkbox"/> Like to talk | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Friendly |

Family/lifestyle preferences

- | | |
|--|---|
| <input type="checkbox"/> Like small children/babies | <input type="checkbox"/> Like children aged 6-12 |
| <input type="checkbox"/> Don't like small children | <input type="checkbox"/> Prefer a quiet home |
| <input type="checkbox"/> Grandparents in home are okay | <input type="checkbox"/> Prefer an active family |
| <input type="checkbox"/> Single-parent family is okay | <input type="checkbox"/> Prefer no other children |
| <input type="checkbox"/> Prefer other young people in home | <input type="checkbox"/> Like pets |
| <input type="checkbox"/> No preferences | <input type="checkbox"/> Prefer no pets |
| <input type="checkbox"/> Other _____ | |

Food preferences

- | | |
|---|---|
| <input type="checkbox"/> Enjoy eating | <input type="checkbox"/> Like a big breakfast |
| <input type="checkbox"/> Eat small amounts | <input type="checkbox"/> Like a small breakfast |
| <input type="checkbox"/> Concerned about weight | <input type="checkbox"/> Know how to cook |
| <input type="checkbox"/> Enjoy Canadian food | <input type="checkbox"/> Enjoy eating new foods |

Describe favourite foods _____

Describe least favourite foods _____

Additional information to help with homestay family selection or school placement _____

What hobbies and/or interests would you like to pursue outside of school? _____

Name _____ Birth Date _____ Sex Male Female

Medical Information

Do you have any allergies? Yes No

If yes, please describe _____

Do you have any ongoing health concerns? Yes No

If yes, please describe _____

Do you regularly take any medication? Yes No

If yes, please describe _____

Do you smoke cigarettes? Yes No

Note: Students are required to purchase medical insurance as arranged by the Victoria International High School Programs.

Custodian (Guardian)

Citizenship and Immigration Canada (CIC) requires that each student have a custodian (guardian) in the community. We are willing to accept this responsibility should you wish. Please indicate your preference:

- Yes, I want the Victoria International High School Programs to be the custodian for my child.
- I have arranged for an adult custodian in Victoria as follows:

Name _____

Relationship to Student _____

Address _____

Postal Code _____

Telephone _____

Fax _____

Email _____

Parent's Signature _____

Date _____

Additional Information

Please tell us how you found out about our programs

- | | |
|--|---|
| <input type="checkbox"/> Friend or Family | <input type="checkbox"/> Education Fair |
| <input type="checkbox"/> Newspaper or Magazine | <input type="checkbox"/> Canadian Embassy/Consulate |

Please name Publication _____

Website (Please name) _____

Other (please specify) _____

I am applying for the following program(s)

(Please complete appropriate sections in English — PLEASE PRINT CLEARLY)

- A.** Academic High School Program
- B.** Academic Transition Program (ATP)
- C.** Short-Term High School Experience Program
- D.** Camp Victoria ESL Summer Program

C. (Short-Term High School Experience Cont'd)

Preferred participation dates: Start _____ Finish _____
 I am currently _____ years old
 I want to be placed in grade _____

A. Academic High School Program B. Academic Transition Program

Please complete this section if you are applying for the Academic High School Program and/or the Academic Transition Program.

Education Goals

I am currently in grade _____ and I wish to apply for grade _____

I will be in Victoria for (select one OR MORE of the following options):

- Academic Transition Program One semester
- One Year Longer than one year

I wish to:

- Graduate in British Columbia Develop English skills only

When I have completed this program I intend to:

- Apply to a Canadian/US college or university
- Apply to a university or college in my home country
- I will not be applying to university or college
- Other _____

I plan to begin my studies in (select one OR MORE of the following options):

- ATP - April-August Preferred start date: _____
- ATP - Sept-January Preferred start date: _____
- Semester 1: September–January Preferred start date: _____
- Semester 2: February–June Preferred start date: _____

I am currently _____ years old

Legalization of Marks

Depending on their home country, some students may need their Canadian Marks legalized upon completion of their VIHSP Program.

Will you need your marks legalized? Yes No

C. Short-Term High School Experience Program

Please complete this section if you are applying for the Short-Term High School Experience Program.

The Short-Term Program is available mid-September to mid-June.
 I am applying to attend the Short-Term Program for a period of:

- 1 month 2 months
- 6 weeks 3 months

Cont'd

D. Camp Victoria ESL Summer Program

Please complete this section if you are applying for the Camp Victoria ESL Program

I am applying to attend Camp Victoria for a period of:

- 2 weeks 4 weeks 6 weeks
- 3 weeks 5 weeks

Preferred start date (Monday):

Method of Payment

Fees required at time of application

- Academic Program - application fee
- Academic Transition Program - application fee waived
- Short-Term Program - payment in full
- Camp Victoria Program - payment in full

- Visa** **MasterCard**

Cardholder's Name _____

Credit Card Number _____

Expiry Date _____

I hereby authorize payment of \$ _____ (Canadian funds)

Cardholder's Signature _____

Cheque or Bank Draft

Make cheques/bank drafts payable to Victoria International High School Programs.

Electronic Bank Transfer

Greater Victoria School District– International Student Program
 Canadian Imperial Bank of Commerce
 1175 Douglas Street, Victoria BC Canada
 Account number 40 – 12410
 Bank No. 010, Transit No. 00090
 Swift Code: CIBCCATT

Parent's Signature _____

Date _____

Name _____ Birth Date _____ Sex Male Female

Academic High School Program

Please complete this section if you are applying for the Academic High School Program

Academic Information

Required Courses

In order to graduate from a British Columbia high school, students are required to take the following courses:

- English as a Second Language (ESL)
- English
- Math
- Social Studies
- Science (Please check one): Physics Chemistry Biology
- Physical Education (Grades 8-10 only)
- Applied Skills/Business Education/Fine Arts
- Planning
- Graduation Transitions

Electives

Students are also required to take elective courses that match their personal needs and interests. Elective courses fall within three (3) categories: Applied Skills, Business Education, and Fine Arts.

Please indicate two (2) areas of interest within each category. Every effort will be made to accommodate personal interests, however, we cannot guarantee elective course availability or placement.

Applied Skills

- | | |
|---|--|
| <input type="checkbox"/> Automotives | <input type="checkbox"/> Food Studies |
| <input type="checkbox"/> Clothing and Textiles | <input type="checkbox"/> Home Economics |
| <input type="checkbox"/> Cook Training | <input type="checkbox"/> Hospitality/Tourism |
| <input type="checkbox"/> Construction/Woodworking | <input type="checkbox"/> Mechanics |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> Metalwork |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Theatre Production |
| <input type="checkbox"/> Family Studies | |

Business Education

- | | |
|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Economics |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Computer Applications | <input type="checkbox"/> Keyboarding |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Data Management | <input type="checkbox"/> Office Procedures |
| <input type="checkbox"/> Data Processing | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Entrepreneurship | |

Fine Arts (Performing Arts)

- Band (Concert, Jazz, Marching, Stage, Strings, Orchestra)
- Choral (Concert, Jazz)
- Drama/Acting
- Dance (General, Choreography, Performance)
- Music (Composition, Computer, Contemporary, Electronic)
- Theatre (Musical, Performance)

Visual Arts

- | | |
|---|--|
| <input type="checkbox"/> Art (General) | <input type="checkbox"/> Media Studies |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Digital Imaging | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Drawing/Painting | <input type="checkbox"/> Video Arts |
| <input type="checkbox"/> Graphic Design | |

Personal Interests

What are your favourite courses at school and why?

How long have you studied English? _____

What sports do you play? _____

For Program Office Use Only.

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Name _____	Birth Date _____	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
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