



PACIFIC CHRISTIAN SCHOOL

Pacific Christian School  
654 Agnes Street  
Victoria, BC V8Z 2E6

# International Student Registration Form

*(For students already in Canada)*

## **Student Information**

**Surname:** (family name) \_\_\_\_\_

**Given Names:** (shown on passport) \_\_\_\_\_

**Gender:** (circle one) Male/Female

**Birthdate:** \_\_\_\_\_ **Grade you are entering:** \_\_\_\_\_

## **Permanent Mailing Address (Home Country)**

**Street Address:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

- I will be residing with my parents in Canada
- I will require a home stay (please complete the Home Stay Application Form)

Please state briefly your reasons for registering at Pacific Christian School:



**Family Information**

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** (if different from above)

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Church you are attending:** (please include a letter of reference from your pastor)

\_\_\_\_\_

**Emergency Contact Person in Home Country**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
<b>Report Cards/Transcripts</b>		<b>Letter of Guardianship Issued</b>	
<b>Registration Fee</b>		<b>Homestay Placement Complete</b>	
<b>Prepaid Tuition Paid</b>		<b>Homestay Expectations Agreement</b>	
<b>Passport and/or Student Authorization</b>		<b>Student Expectations Agreement</b>	
<b>Letter of Acceptance Issued</b>			



**Local Contact Person (if available) for student in Canada**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Medical Information**

Physical Condition: \_\_\_\_\_

Is your child able to participate in a full Physical Education Program?

- Yes       No

*\*Please note: some form of participation in a PE class is compulsory for graduation.*

Does your child have any of the following?

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Vision Problem  | <input type="checkbox"/> Contact Lenses  |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Allergies       | <input type="checkbox"/> Other           |

Briefly explain above condition(s):

Name of Family Doctor: (if available) \_\_\_\_\_

BC Care Card Number: (if available) \_\_\_\_\_



**Academic Information**

1. Schools attended – list the last two schools, starting with the most recent.

School	Grade(s)	Location	Dates of Attendance

2. Has the student repeated any grades?  Yes  No

If Yes, please indicate: Grade \_\_\_\_\_ Year \_\_\_\_\_

3. Does the student have any academic problems?  Yes  No

If so, please supply details. *(This will help us to establish whether, and how, we can meet the student's needs.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please attach all original plus officially translated copies of transcripts and/or report cards for the past two years

5. Does the student have, or has he/she experienced any social problems? (Explain)

\_\_\_\_\_  
\_\_\_\_\_

6. Please list the student's interests and hobbies (eg: soccer, piano, stamp collecting)

\_\_\_\_\_  
\_\_\_\_\_



7. Is there anything else you wish to let the school know?

\_\_\_\_\_  
\_\_\_\_\_

A successful experience depends upon the student making his/her best effort in every area of school life. PCS reserves the right to dismiss students and return them home, at the parent's expense, without tuition refund, for serious violation of the school rules and/or the Student's Expectations Agreements. Please read and sign the Participation Agreement.

Please notify Mr. Slofstra, the International Program Coordinator, of any change of address, telephone or fax number.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DOCUMENT CHECKLIST**

*(Please ensure that all the required information is enclosed with your application)*

- Completed Registration Form/Participation Agreement
- Copy of Passport and current Student Visa (if available)
- All original plus officially translated copies of transcripts and/or report cards for the past two years.
- Registration Fee (\$250.00 non-refundable) payable to Pacific Christian School
- Pastor's Reference Letter
- Completed Financial Responsibility Form
- Completed Student Homestay Information Form
- Guardian/Custodianship document (if available)

**Please mail your completed application and registration fee to:**

International Education Program  
c/o Mr. John Slofstra  
Pacific Christian School  
654 Agnes Street  
Victoria, B.C. , V8Z 2E6 Canada

Tell us how you found out about Pacific Christian School