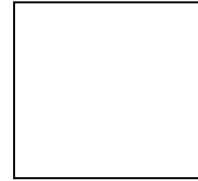




Pattison High School
981 Nelson Street
Vancouver, BC V6Z 3B6

Attach Recent Photo Below



APPLICATION FOR ADMISSION

_____ **Mr.** _____ **Ms.** _____
Last (family) name Given (first) name

Name in native language (if different) _____ Date of Birth _____/_____/_____
yyyy mm dd

Parent's Name: _____

Parents live in Canada ____ Yes ____ No If No, parents live in: _____
Country

Nationality _____ Native Language _____

Address _____ City _____
Street City

_____ Country Postal Code

Telephone (_____) _____ E-Mail _____

Emergency contact (Home Country)

_____ Name Relationship Telephone
_____ E-Mail

Emergency contact (in Canada or USA, if applicable)

_____ Name Address
_____ Telephone E-Mail

COURSE INFORMATION

____ Grade 10 ____ Grade 11 ____ Grade 12 ____ Adult Program ____ Other

Program Starting Date: _____ / _____ / 20 ____ Month / Day / Year

Program Finishing Date: _____ / _____ / 20 ____ Month / Day / Year

My Current English level is (Approximate):

____ Beginner ____ Intermediate ____ Advanced ____ Excellent

Your status in Canada:

Citizen Landed Immigrant Student Visa Visitor

How did you find out about our school?

Agency Name: _____
 Internet Brochure Education Fair Advertising
 Other _____

EDUCATION HISTORY

Name of Previous School _____ Country: _____

From: Month/Year _____ / _____ To: Month /Year _____ / _____

Please specify if you require any of the following Student Services provided by Pattison High School.

Airport pick up No Yes Travel Service-Flight Ticket No Yes

No – I will arrange the student visa through my agency, directly with the Canadian embassy corresponding to my country on my own.

***Yes** – I require that Pattison High School, through it's affiliated company, "*Canadian Overseas Immigration and Business Services*" (COIBS), handle the required Visa application process on my behalf.

NOTE: there is a cost of _____ for the Visa service.

Accommodation ***Yes** **No**

If your answer is **No**, please indicate where you will live in Canada.

Address: _____
Street City Province
Postal Code Telephone

Custodianship ***Yes** **No**

If you answer **No**, please indicate your custodian information in Canada.

Address: _____
Street City Province
Postal Code Telephone

- If you answered YES to any of the above mentioned student services, please fill out the Student Services application form

MEDICAL INSURANCE

Students are required to have private medical insurance for the first three months (if not a Canadian Resident). The school can provide this with a group policy. If not purchasing medical insurance from the school, students must provide proof of other insurance.

We the Parent/Guardian and the Student agree to assume responsibility for any accidental injury resulting from risks associated with schools sports activities and field trips. All such activities are properly supervised and are conducted in a safe manner. We understand at Pattison High school is not responsible for any loss or injury suffered by the applicant during periods of independent travel from the school's related programs and activities.

I will require medical insurance arranged by the school.

_____ I have my own medical insurance (**please provide a copy of insurance policy**)

Insurance Company Policy Number Telephone

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS CORECT AND COMPLETE. I UNDERSTAND THAT FALSE INFORMATION WILL INVALIDATE THIS APPLICATION. I AM AWARE THAT MY TUITION FEES WILL BE REFUNDED IF I AM REFUSED A STUDENT VISA BY CANADIAN AUTHORITIES. THE REFUND WILL BE MADE BY THE PATTISONHIGH SCHOOL REPRESENTATIVE WHO HAS RECEIVED MY TUITION FEES OR BY PATTISON HIGH SCHOOL, IF MY TUITION FEES WERE SENT DIRECTLY TO THE SCHOOL. IF I AM ACCEPTED AS A STUDENT AT PATTISON HIGH SCHOOL, I HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE SCHOOL.

Pattison High School Refund Policy

1. Any request for course or program withdrawal involving tuition refund must be made in writing to the Principal of the school. The School reserves the right to inform the Canadian Immigration Department of an international student's withdrawal or expulsion from the approved study whereby the students' Study Permit will be dealt with accordingly by the authorities.
2. The amount of tuition to be refunded is determined by the following regulations:
 - a. **A full refund of tuition fees**, minus a processing fee of \$200.00 CDN will be given to an international student whose application for Study Permit is rejected by Canadian Immigration. (The original letter of rejection must accompany the request.)
 - b. **Two-thirds of a prepaid tuition** fee will be refunded if a student withdraws prior to the start of the program.
 - c. **One-half of a prepaid tuition** will be refunded if a student withdraws within thirty (30) calendar days from the start of the program.
 - d. **No refund** will be issued if a student withdraws after thirty (30) calendar days from the start of the registered period.

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Student

Signature: _____ Date: _____
Admissions Officer

For office use only. Applicant students DO NOT fill out the following information.

Student #: _____ **Status:** _____

_____ **Local** _____ **International** **Code #:** _____

Notes: _____

Marketer: Prospects Education Center, Co., Ltd. (Taiwan)