



Date: \_\_\_\_\_

# School District No. 43 (Coquitlam) INTERNATIONAL STUDENT APPLICATION (Chinese Traditional)

**Student's Legal Name:** \_\_\_\_\_  
*Surname (Family name)                      Given Names                      English Name (if applicable)*

**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male/Female**  
*Day                      Month                      Year                      (please circle)*

**Permanent Address:** \_\_\_\_\_  
*(Home Country)                      Street Address                      City                      Province/State*

\_\_\_\_\_ *Country                      Postal Code                      Area Code                      Telephone No.*

**Parent Contact:** (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_  
*Surname                      Given Names                      Surname                      Given Names*

**Parent Telephone:** **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
*Area Code                      Telephone No.                      Area Code                      Telephone No.*

**Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
*Area Code                      Telephone No.*

**Custodian:** *In Coquitlam Area*

*Students enrolled at Elementary schools must reside with parent(s). High school students not with a parent must have submitted both notarized custodianship papers prior to final acceptance by the School District.*

\_\_\_\_\_ *Name* \_\_\_\_\_ *Home Telephone No.*

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Work Telephone No.*

\_\_\_\_\_ *City/Postal Code* \_\_\_\_\_ *Fax*

\_\_\_\_\_ *Relationship to Student* \_\_\_\_\_ *E-Mail*

**Student's Address:**  *With Parent*     *With Temporary Custodian*     *In Homestay*     *Other*  
*(While in Coquitlam)*

\_\_\_\_\_ *Street Address* \_\_\_\_\_ *Home Telephone no.*

\_\_\_\_\_ *City/Postal Code* \_\_\_\_\_ *E-Mail*

**Is Homestay Required?**  *Yes*     *No* *(Please note that Student's name will be referred to a separate agency for Homestay)*

**Name and Location of current and last school attended:**

\_\_\_\_\_ *Name of School* \_\_\_\_\_ *Location*

\_\_\_\_\_ *Name of School* \_\_\_\_\_ *Location*

*\*Please enclose photocopy of your current study permit (if applicable)*

**Grade:** \_\_\_\_\_ *(placement by year of birth)*

**When would you like to begin?:** \_\_\_\_\_  
*Month                      Year*

**Which schools would you prefer to attend in Coquitlam?** *(Please list three in order)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Placement in school of choice is not always possible. The Coquitlam School Board reserves the right to determine final placement.*

**First Language spoken at home:** \_\_\_\_\_ **Other Languages:** \_\_\_\_\_

List any physical handicaps of which the school should be aware: \_\_\_\_\_

Does this applicant have a perceived or documented learning disability, social integration difficulty or behavioural concern? \_\_\_\_\_

List any medications the applicant requires: \_\_\_\_\_

How did you hear about the Coquitlam School District's International Education Program?

Agent \_\_\_\_\_  Friend/Relative  Other  
*(Name of Agent)* *(Telephone)*

Enclose the following required items:

- Application fee of \$200.00 cdn. **NON-REFUNDABLE**
- All \*original report cards (including teacher comments) from current year and last two years translated into English by Official Translator. \*Note: Photocopies of transcripts/certificates must be certified with school stamp.

I understand that a successful experience in the International Education program of School District No. 43 (Coquitlam) depends upon regular class attendance, completion of all homework and assignments, and participation in all activities offered by the program. I acknowledge that the International Education program of School District No. 43 (Coquitlam) reserves the right to dismiss students and return them home, at their own expense, **without** tuition refund for violating school rules, the district code of conduct, and/or the laws of BC and/or Canada. I therefore agree to uphold the rules and regulations, and cooperate with administrators, teachers, and the students of School District No. 43 (Coquitlam).

It is a fundamental condition of the Board of School Trustees of School District No. 43 (Coquitlam) that the Board shall not be liable for losses or expenses you may incur as a result of the Board being unable to provide education owing to labour disputes or other causes beyond its control.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Responsible Person's signature

Please submit application to:

School District No. 43 (Coquitlam)  
INTERNATIONAL EDUCATION PROGRAM  
1100 Winslow Avenue,  
Coquitlam, British Columbia,  
Canada V3J 2G3  
E-mail: [internationaleled@sd43.bc.ca](mailto:internationaleled@sd43.bc.ca)  
[www.sd43.bc.ca](http://www.sd43.bc.ca)

*Please provide photo of student if possible*

## 入學申請流程

高貴林教育局入學申請步驟依序如下：

入學申請須與申請費用及本學年和前兩學年的在校正式成績單英文版一起繳交。

進行國際教育課程申請者 之入學審核。

入學許可正本將連同監護人同意書（須填寫完整）及寄宿家庭資料袋（如有需要）一同寄給申請者。

繳交學費及醫療保險費用。

校方收到已獲簽署同意且合格證明的監護人同意書

若學生要求代為安排寄宿家庭，校方須收到寄宿家庭之申請表格，申請費用及訂金

寄發入學許可正式信函給申請者

學生向各國之加拿大大使館、領事館申請學生簽證。簽證核可程序可能須6至12週。

費用一覽表

費用	期間	費用（加幣） （醫療保險費用將視情況整）
申請費用	一次（不退費）	加幣200元
學費	十個月的課程	加幣12,000元
強制醫療保險計畫	十二個月	加幣 800元

未包括校方活動費用

費用繳交注意事項：

以匯票、有開抬頭的支票、銀行匯票、威士卡或萬事達卡等，支付予第43高貴林學區  
費用可直接電匯到銀行給第43高貴林學區

ROYAL BANK OF CANADA  
Coquitlam Town Centre  
2885 Barnet Highway, Coquitlam, BC V3B 1C1  
Contact: (604) 927-5587, Account Number: 000-002-6, Transit Number 1260  
加拿大皇家銀行  
地址: Coquitlam Town Centre  
2885 Barnet Highway, Coquitlam, BC V3B 1C1

聯絡電話：(604) 927-5587 帳號：000-002-6 交易代碼：1260

請在電報上記載學生的姓名

請不要使用直接存款

當費用在截止日前收到，校方保證其入學名額，若超過繳費時間，則有無

繳費截止日期：11月15日（1月/2月開始的課程）

5月15日（9月開始的課程）

**注意：申請動作若延遲進行可能須支付額外的費用**

**申請費用一定要包含在申請文件中**

## 退費政策

### 學費退費政策

所有的退費要求須以書面文件，向第43學區教育局國際教育課程單位申請。退費請求須包含由國際教育課程單位所發出的入學許可原始信函及相關證明文件。（例如：加拿大移民局所發出的信函）

### 全額退費

若移民局不核發學生簽證，申請費用將不退還。為了申請退費，書面申請須在拒絕核發後六個月內讓校方收到。且必須包括加拿大移民局拒絕核發的正式信函和國際教育課程單位所發的入學許可信函。

### 三分之二退費

當學生在課程開始之前，撤回入學申請或已移民或取得居留權，三分之二費用將可退費。

### 二分之一退費

當學生在課程開始的30天內，撤回入學申請或已移民或取得居留權，二分之一費用將可退費。

### 不退費：

當任何課程開課已過30天，學生撤回入學申請，將不退費。

當學生在課程開課已過30天後移民，撤回入學申請，將不退費。

當學生在註冊日後30天以後，才撤回入學申請，將不退費。

學生因違反加國政府、警方、校方或國際教育課程所既定之法律、政策及條例而被開除，將不退費。

在國際教育課程中，所有國際學生必須投保醫療保險。所有國際學生抵達我們的校區後，須連同他們的護照及學生簽證，向國際教育課程辦公室申請這項保險。

## 國際學生醫療保險

學生在到達卑詩省時，前三個月只能投保私人保險，三個月之後才可加入卑詩省醫療服務計畫保險。醫療服務計畫保險（MSP）是依卑詩省法令所要求的。為了加入這項保險，國際學生必須提供校方護照及標示抵達加國時間的學生簽證。此外，國際學生必須透過國際教育課程單位，簽署醫療服務計畫團體申請表格。在前三個月等待期結束後，MSP將寄發健保卡給學生。這是一段耗時的過程。一旦學生拿到健保卡，他（她）將接受和卑詩省所有居民相同的醫療服務。若無法提供新的學生簽證給國際教育部門來更新保險服務，健保卡功能將結束。若國際學生一直待在卑詩省，這是每年所必須作的。

在等待MSP的三個月期間，校方將為所有國際學生購買私人醫療保險。國際學生疾病及意外事件團體醫療計畫

代號：FS010122（旅行平安險業務人員，地址：#300-2609 Westview Drive, North Vancouver, BC V7N 4M2電話：604-986-4292傳真：604-987-4527）將由Koch B & Y保險服務安排（地址：1944 Como Lake Avenue, Coquitlam, BC V3J 3R3 at Como Lake Village Shopping Centre電話：604-937-

3601）國際教育課程提供國際學生有一組團體身份號碼，並附有制式的說明書。預防萬一受傷或生病，國際學生可即時就醫。醫生必須影印及完成規定的表格且須蓋醫生的印章。國際學生將完整的規定表格連同醫生開的收據，寄給旅行保險業務人員。若國際學生住院，須在48小時內，聯絡保險公司人員，協助辦理住院手續，可撥打：604-639-8849或免付費長途電話：1-800-882-5246。若無此舉，將造成百分之二十的理賠損失。