



Date: _____

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

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: internationalead@sd43.bc.ca
www.sd43.bc.ca

Please provide photo of student if possible

入学申请流程

高贵林教育局入学申请步骤依序如下：

入学申请须与申请费用及本学年和前两学年的在校正式成绩单英文版一起缴交。

进行国际教育课程申请者 之入学审核。

入学许可正本将连同监护人同意书（须填写完整）及寄宿家庭资料袋（如有需要）一同寄给申请者。

缴交学费及医疗保险费用。

校方收到已获签署同意且合格证明的监护人同意书

若学生要求代为安排寄宿家庭，校方须收到寄宿家庭之申请表格，申请费用及订金

寄发入学许可正式信函给申请者

学生向各国之加拿大大使馆、领事馆申请学生签证。签证核可程序可能须6至12周。

费用一览表

费用	期间	费用（加币） （医疗保险费用将视情况）
申请费用	一次（不退费）	加币 200元
学费	十个月的课程	加币 12,000元
强制医疗保险计划	十二个月	加币 800元

（未包括校方活动费用）

费用缴交注意事项：

以汇票，有开抬头的支票，银行汇票，威士卡或万事达卡等，支付予第43高贵林学区

费用可直接电汇到银行给第43高贵林学区

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
加拿大皇家银行
地址: Coquitlam Town Centre
2885 Barnet Highway, Coquitlam, BC V3B 1C1

联络电话: (604) 927-5587 帐号: 000-002-6 交易代码: 1260

请在电报上记载学生的姓名

请不要使用直接存款

缴费截止日期: 11月15日（1月/2月开始的课程）

5月15日（9月开始的课程）

当费用在截止日前收到，校方保证其入学名额，若超过缴费时间，则有无缺额须视情况而定。

注意：申请动作若延迟进行可能须支付额外的费用

申请费用一定要包含在申请文件中

退费政策

学费退费政策

所有的退费要求须以书面文件，向第43个学区教育局国际教育课程单位申请退费请求须包含由国际教育课程单位所发出的入学许可原始信函及相关证明文件（例如：加拿大移民局所发出的信函）

全额退费

若移民局不核发学生签证，申请费用将不退还。为了申请退费，书面申请须在拒绝核发后六个月内让校方收到。且必须包括加拿大移民局拒绝核发的正式信函和国际教育课程单位所发的入学许可信函。

三分之二退费

当学生在课程开始之前，撤回入学申请或已移民或取得居留权，三分之二费用将可退费。

二分之一退费

当学生在课程开始的30天内，撤回入学申请或已移民或取得居留权，二分之一费用将可退费。

不退费：

当任何课程开课已过30天，学生撤回入学申请，将不退费。

当学生在课程开课已过30天后移民，撤回入学申请，将不退费。

当学生在注册日后30天以后，才撤回入学申请，将不退费。

学生因违反加国政府，警方，校方或国际教育课程所既定之法律，政策及条例而被开除，将不退费。

在国际教育课程中，所有国际学生必须投保医疗保险。所有国际学生抵达我们的校区后，须连同他们的护照及学生签证，向国际教育课程办公室申请这项保险。

国际学生医疗保险

学生在到达卑诗省时，前三个月只能投保私人保险，三个月之后才可加入卑诗省医疗服务计划保险。医疗服务计划保险（MSP）的是依卑诗省法令所要求的。为了加入这项保险，国际学生必须提供校方护照及标示抵达加国时间的学生签证。此外，国际学生必须透过国际教育课程单位，签署医疗服务计划团体申请表格。在前三个月等待期结束后，中型项目将寄发健保卡给学生。这是一段耗时的过程。一旦学生拿到健保卡，他（她）将接受和卑诗省所有居民相同的医疗服务。若无法提供新的学生签证给国际教育部门来更新保险服务，健保卡功能将结束。若国际学生一直待在卑诗省，这是每年所必须作的。

在等待MSP三个月期间，校方将为所有国际学生购买私人医疗保险国际学生疾病及意外事件团体医疗计划。

代号：FS010122（旅行平安险业务人员，地址：#300-2609 Westview Drive, North Vancouver, BC V7N 4M2 电话：604-986-4292 传真：604-987-4527）将由Koch B & Y保险服务安排（地址：1944 Como Lake Avenue, Coquitlam, BC V3J 3R3 at Como Lake Village Shopping Centre 电话：604-937-3601）

国际教育课程提供国际学生有一组团体身份号码，并附有制式的说明书。预防万一受伤或生病，国际学生可即时就医。医生必须影印及完成规定的表格且须盖医生的印章。国际学生将完整的规定表格连同医生开的收据，寄给旅行保险业务人员若国际学生住院，须在48小时内，联络保险公司人员，协助办理住院手续，可拨打：604-639-8849或免付费长途电话：1-800-882-5246若无此举，将造成百分之二十的理赔损失。