



Cornerstone Christian School

International Student Inquiry-One Month ONLY

Sheri Guse/Cori Richard: international@cornerstoneschool.ca or 604-859-7867

Please make sure you have the following information available for me:

Date: _____

Student Name	
Date of Birth	
Male/Female	
Grade	
Guardian	Name: _____ Phone Number: (____) _____ Address: (Street) _____ (City & Province) _____ (PC) _____ Home Phone Number: (____) _____ Parent Email: _____ Passport/D. License #: _____ <input type="checkbox"/> A Canadian Citizen <input type="checkbox"/> A landed immigrant <input type="checkbox"/> Permanent Resident
Homestay Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Private)	If no, please provide the following: Address: (Street) _____ (City & Province) _____ (PC) _____ Home Phone Number: (____) _____ Parent Email: _____
Length of Stay	Arrival _____ Departure _____

Documents Required:

(*Please make copies or email them in PDF form)

- ___ 1. Passport
- ___ 2. Medical Policy
- ___ 3. Visa (Visitor or Student)

Fees to be paid:

- ___ 1. Registration Fee
- ___ 2. Tuition
- ___ 3. Homestay Placement Fee (*if placement is required)

Forms to be signed:

- ___ 1. Application Form
- ___ 2. Fee Schedule
- ___ 3. Refund Policy
- ___ 4. Permission Form
- ___ 5. Guardian Form (*or use your own document)
- ___ 6. Student Information
- ___ 7. Homestay Terms and Conditions (*if applicable)



Winter ESL Program Application

Gladwin Road, P.O. Box 520, Abbotsford, BC V2T 6Z7
Phone 604-859-7867 • Fax 604-859-7860
admin@cornerstoneschool.ca • www.cornerstoneschool.ca

Student Information:

Student Name: (Surname) _____ (Given) _____

Male Female Birthdate (Y/M/D): ____/____/____ Age: ____

Address: (Street) _____ (City & Province) _____ (PC) _____

Home Phone Number: (____) _____ Parent Email: _____

Parent Information:

Father: _____ Mother: _____

Siblings: _____

Emergency Contact (name): _____ Phone Number: (____) _____

Medical Information:

**All Applicants must have valid medical insurance to enter program.*

COMPANY NAME: _____

POLICY NUMBER: _____

Do you have any medical conditions that may require special care? If yes, please specify. Yes No

Do you have any allergies? If yes, please specify. Yes No

Are you on any medication? If yes, please specify. Yes No

CORNERSTONE



Name of Student: _____ Birthdate (Y/M/D): ____/____/____ Grade: _____

<i>Program Fee Structure:</i>	<i>Amount due per student</i>
Registration	\$250
Tuition	\$2400 (2 months)
Homestay Placement	\$200
Homestay Remuneration	\$1700 (2 months)
Uniform/Supplies/Field Trips	\$300
<i>Total</i>	<i>\$4850.00</i>

Contract Acceptance:

I hereby acknowledge that I have read the above and am in full agreement with the terms and conditions as presented.

Cori Richard, *Principal*

Agent Signature

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REFUND POLICY

As we must plan in advance for teachers, salaries, classroom space, and curriculum, our refund policy is that in the event that an applicant does not come to Canada or decides to leave the Short Term Winter Program for personal reasons, **ONLY** a portion of the paid tuition fee will be refunded. The \$200.00 registration fee will be retained to cover administration expenses.

- a) Full refund, less registration fee if the visiting student authorization is not approved by Canadian Immigration (student must include letter of rejection from Canadian High Commission).
- b) Two-thirds (2/3) of the tuition fee if the student withdraws prior to the start of the program.
- c) One-half (1/2) of the tuition fee if the student withdraws any time within 7 calendar days of his/her start of school.
- d) No refund of tuition fee will be granted if the student withdraws, for whatever reason, after 7 calendar days of his/her start of school.
- e) No refund of the tuition fee will be granted if the student is found to be in violation of the School Rules.

Cori Richard, *Principal*

Agent Signature

Sheri Guse, *International Coordinator*

Father and/or Mother's Signature

PARENT/GUARDIAN PERMISSION FORM

Dear Parents/Guardian:

During the winter program, your child's classes will take part in various class trips and activities that require special permission from you the parents. So, we have drafted a permission form that will cover all activities that will be occurring in this winter program.

Please sign this consent form and return it with the completed application. If for any reason, you do not want your child to attend a specific function that can be communicated directly to the program director. If there are any questions concerning this, please do not hesitate to contact Sheri Guse, International Program Director at sguse@cornerstoneschool.ca.

I _____ hereby give consent for my child (ren) _____ to take part in all winter program activities, including sports, field trips, etc., and allow staff to call a physician or ambulance in case of accident or illness.

I absolve the school from liability because of any injury to my child at school or during any school program activity.

As you know, accidents can be the result of the nature of any activity and can occur with or without any fault on either the part of the student or the School Board or its employees or agents or the facility where the activity is taking place. By allowing your son/daughter/homestay child/legal ward to participate in this activity, you are accepting the risk of an accident occurring, and agree that the activity, as described above, is suitable for your child/homestay child/ legal ward. Inherent risks of this activity may include but are not limited to:

- Risks involved with traveling by vehicle
- The possibility that your child/homestay child/ legal ward may not heed safety instructions or restrictions given to the group

Parent/Guardian Signature

CANADA)
PROVINCE OF)
BRITISH COLUMBIA)

In the Matter of
Legal Guardianship for

STUDENT

Name in full:	
Date of Birth	
Name of school in Canada	Cornerstone Christian School
Address where student will reside in Canada	

PARENTS

	Father	Mother
Names in Full		
Home Address		
Phone Number		

CUSTODIAN

Name in Full	
Home Address	
Phone Number	
Status in Canada	Canadian Citizen

Application of the official seal below confirms that the notary public has received evidence that the custodian is a Canadian Citizen or Permanent Resident, is over 19 years of age, and currently resides at the home address stated above.

I, _____ hereby solemnly declare that I will undertake the full custodianship for the said student, _____ during their stay in Canada while under the age of 18. As custodian, I have made the necessary arrangements for the care and support of the said student in place of the parent(s) as appropriate. By signing this custodian agreement I certify that I reside within a reasonable distance of the student's intended residence and school and will be able to provide direct care and support to the student in the event of an emergency.

SWORN BEFORE ME at)
the City of _____,)
in the Province of)
_____,)
this _____ day of _____, _____.)
Official Seal of)
Notary Public in Canada)
_____)
A Commissioner in and for the Province of)
_____.)

Signature of Custodian

Date

Student Questionnaire

(This questionnaire is designed to give your Teacher and Homestay family some personal information about you and your family)

Student Information:

Student Name: (Surname) _____ (Given) _____ (Nickname) _____

Male Female Birthdate (Y/M/D): ____/____/____

Family Status:

I live with _____

Father: (Surname) _____ (Given) _____

Occupation: _____ Speaks English: Yes No

Mother: (Surname) _____ (Given) _____

Occupation: _____ Speaks English: Yes No

Siblings:

1. _____ Age: ____ Gender: _____
2. _____ Age: ____ Gender: _____
3. _____ Age: ____ Gender: _____
4. _____ Age: ____ Gender: _____

Personal Information:

◆ Interests/Hobbies:

◆ Have you ever traveled or lived outside your home country? Where?

◆ What are your household responsibilities at home?

◆ Please list any clubs to which you belong:

◆ Please list any musical instruments you play:

◆ How much time do you spend studying in your home?

Personal Information Continued:

◆ Have you ever lived away from home before? If so, please explain.

◆ Would you enjoy living with one or more young children if in a host family?

◆ Would you enjoy living with one or more pets if in a host family?

◆ Have you ever been an exchange student before? _____ If so, please describe the experience.

◆ As an exchange student, what do you hope to accomplish during your stay in Canada?

◆ Describe three of your character strengths and why they are important in your life.

1. _____

2. _____

3. _____

◆ What is your religion? _____

◆ Do you participate or attend church services? __ Weekly __ Monthly __ Holidays __ Never

◆ Do you speak any other languages? Yes No

HOMESTAY TERMS AND CONDITIONS FOR STUDENTS AND PARENTS

It is our objective to provide a safe, understanding environment for the students in our homestay program. We spend a great deal of time and effort to ensure the best possible arrangements so that the student will enjoy their stay in Canada. All students are placed in caring English-speaking Christian homes of families within the student body of Cornerstone Christian School or the church community.

General Expectations:

To encourage excellent communication and understanding between the student and the host family, the following guidelines have been established:

- All students will be placed in a clean caring Christian home with a child, preferably the same age and gender (Due to limitations, it may be necessary to place 2 students in the same home).
- Students are expected to participate in all host family activities. Host family is not responsible to pay for costs of entertainment during time with host family. Transportation will be provided to and from school.
- Host family rules must be followed and respected.
- Students are expected to keep their room and belongings neat and tidy. (In some cases rooms will be shared)
- Host families will provide the student with three meals of decent quality and quantity (including snacks) and will try to accommodate the food preferences of the students. Students are asked to try all foods and politely inform the host family if they do not like a particular food. (No food items are allowed in the rooms and students are not to help themselves to food).
- Students should try to keep the bathroom neat and clean (dry) after it is used. Bathrooms are shared, please limit time to bathe or shower. (All personal items are to be supplied by the student).
- Please respect the privacy and belongings of the host family. Ask permission before using the phone, computer, or television. If there is any damage caused by the student, the student will be responsible for the cost to replace it. **(Prepaid telephone cards are required for all long distance calls).**
- It is the host family's responsibility to know the whereabouts of the students at all times. Students are not to go anywhere without the permission of the host family.

I have read and agree to comply with the homestay guidelines as outlined:

Student Signature

Parent/Guardian Signature