



## Pattison High School

981 Nelson Street, Vancouver, BC, CANADA V6Z 3B6 (Downtown)

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E-Mail: info@pattisonhighschool.ca | Website: www.pattisonhighschool.ca

Attach Recent  
Photo Here

### APPLICATION FOR ADMISSION

#### STUDENT INFORMATION

Mr.  Ms. \_\_\_\_\_, \_\_\_\_\_ ( \_\_\_\_\_ )  
Last Name First Name English Name

Name in native language \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Date

Nationality \_\_\_\_\_ Native Language \_\_\_\_\_

Status in Canada:  Citizen  Landed Immigrant  Student Visa  Visitor

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

#### PARENT INFORMATION

Father \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

#### EMERGENCY CONTACT IN CANADA

Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

#### EDUCATION HISTORY

Name of Previous School \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ From : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

My Current English level is (Approximate) :

Beginner  Intermediate  Advanced  Excellent  EPT \_\_\_\_\_ %

#### COURSE INFORMATION

Grade 8  Grade 9  Grade 10  Grade 11  Grade 12  Adult Program

Program Starting Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Program Finishing Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year Month Date Year

## MEDICAL INSURANCE

Students are required to have medical insurance. The school can provide the opportunity for medical insurance through a group policy if so desired. Otherwise, it is the responsibility of the student to provide proof of adequate medical coverage. The parent/guardian or student (if over the age of 19), agree to assume responsibility for any injury resulting from participation in school activities. All school activities are sufficiently supervised to ensure the safety of all participants. The school is not responsible for any loss or injury by the student during travel to and from Pattison High School.

I have my own medical insurance  I require medical insurance arranged by the school

## MEDICAL CONDITION

Do you have any medical condition that we need to be aware of?

No  Yes. Specify \_\_\_\_\_

## OTHER STUDENT SERVICES PROVIDED BY PATTISON HIGH SCHOOL

Accommodation / homestay  Airport pick-up  Custodianship  Student Visa

If any of above services is required, please complete Student Services Application Form.

## HOW DID YOU FIND OUT ABOUT OUR SCHOOL?

Agency : \_\_\_\_\_  Classmate  Friend  Internet  Magazine  Newspaper  TV

### PATTISON HIGH SCHOOL REFUND POLICY

1. Any request for course or program withdrawal involving tuition refund must be made by Tuition Refund Request Form of the school. The School reserves the right to inform the Canada Immigration of an international student's withdrawal or expulsion from school.
2. The amount of tuition refund is determined by the following regulations:
  - A. **FULL PREPAID TUITION FEE**, minus a processing fee of \$300 CDN will be refunded to an international student whose visa application is rejected by Canadian Embassy outside of Canada. (The original letter of rejection is mandatory with the completed Tuition Refund Request Form.)
  - B. **1/2 OF PREPAID TUITION FEE** will be refunded if a student withdraws prior to the start of the **first semester only**.
  - C. **1/3 OF PREPAID TUITION** will be refunded if a student withdraws within 15 calendar days from the start of the **first semester only**.
  - D. **NO REFUND** will be granted to a:
    - Student who withdraws after 15 calendar days from the start of the first semester at PHS.
    - Student who is expelled from PHS due to a violation of school policy.
    - Student who obtains a new or extended visa or study permit with our school letters.
    - Student who provides false information.
3. The school will determine individual specialized cases and will deal with accordingly.

**I hereby certify that the information above is correct and complete. If I am accepted as a student at Pattison High School, I hereby agree to abide by all rules and regulations of the school.**

**I consent to having the personal information collected on this form. This information is required in order to register your child and assist the school in making an informed decision on your child's education program. It will also allow the school to respond immediately to an emergency.**

**I give permission to have my child's photograph used to advertise and highlight students at PHS.**

Parent/Guardian Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Student Signature : \_\_\_\_\_ Date : \_\_\_\_\_