



Pattison High School

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

STUDENT INFORMATION

Mr. Ms. _____ (_____)
Family Name Given Name English Name (if any)

Name in native language _____ Date of Birth _____ / _____ / _____
Year Month Day

Nationality _____ Native Language _____

Current Status in Canada: Citizen Permanent Resident Student Visa Visitor None Home

Phone _____ Cell _____ Email _____

Social Media ID _____ Facebook Skype WeChat Kakao Line Other

Address (in home country) _____

City / Province _____ Postal Code _____ Country _____

Address (in Canada) _____

City / Province _____ Postal Code _____ Country _____ Canada _____

PARENT INFORMATION

Father _____ Occupation _____ Position _____

Phone _____ Email _____

Social Media ID _____ Facebook Skype WeChat Kakao Line Other

Mother _____ Occupation _____ Position _____

Phone _____ Email _____

Social Media ID _____ Facebook Skype WeChat Kakao Line Other

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 approximately:

Beginner Intermediate Advanced Excellent EPT _____%

ENROLLMENT INFORMATION

The grade I plan to enroll in is:

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

Program Starting Date: _____ / _____ / _____ Program Finishing Date: _____ / _____ / _____
Month Year Month 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 (please submit copy) I require the school to arrange medical insurance

MEDICAL ALERT / LEGAL ALERT

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

No Yes Please specify _____

Doctor Name: _____ Phone: _____ Address: _____

OTHER STUDENT SERVICES YOU WOULD LIKE PATTISON HIGH SCHOOL TO PROVIDE:

Accommodation / Homestay Airport pick-up Custodianship

If homestay service is required, please complete Homestay Application Form.

HOW DID YOU FIND OUT ABOUT OUR SCHOOL?

Friend _____ Media _____ Agent _____
Name of friend Name of media Name of agent

PATTISON HIGH SCHOOL CODE OF CONDUCT

PATTISON HIGH SCHOOL maintains a CODE OF CONDUCT that assists all of us to enjoy and benefit from respectful behaviours within the international school community, and respectful behaviours toward the community property.

The CODE OF CONDUCT includes the following requirements:

1. The wearing of the school uniform from the time that the student enters the school until the student leaves the school
2. On time arrival to classes, as a form of respect to other students and the teacher as well as the activity that is taking place in the classroom
3. Students always present work that is their own, original work – and not the result of cheating or plagiarism
4. The use of the English language at all times when in the school - in the classrooms, hallways and public areas
5. Smoking of any kind – whether tobacco or e-cigarette is specifically prohibited on the private property occupied by the Electra, from the buildings to the sidewalk

Smoking on the Electra property, which includes the school, is strictly prohibited. Bringing the smell – as a result of smoking – into the school and the classrooms is also prohibited.

Parent / Guardian Initial: _____ Student Initial: _____

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 \$500 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 documents or information.
3. The school will determine individual specialized cases and will deal with accordingly.

* Please be advised that the tuition refund process typically takes 6-8 weeks from the submission of the completed and signed Tuition Refund Request Form. However, this timeframe may be extended due to the verification of the refusal letter issued by Immigration, Refugees and Citizenship Canada (IRCC).

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 have been informed that I may receive a copy of the Personal Information Protection Act [PIPA] policy that informs Pattison High School's student records requirements.

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

Check this box to confirm your consent to receive our newsletters containing news and information about courses, programs and other opportunities offered by Pattison High School. You can unsubscribe at any time.

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____