

# International Student Application

## Notre Dame Regional Secondary School

2880 Venables Street Vancouver, B.C. Canada V5K 4Z6

Phone: 604-255-5454 Fax: 604-255-2115 E-mail: [international@ndrs.org](mailto:international@ndrs.org) Website: [www.ndrs.ca](http://www.ndrs.ca)



Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

(Last)

(First)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Girl: [ ] Boy: [ ]

(Day / Month / Year)

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Student to enter Grade: \_\_\_\_\_

Present School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Date to start studies at Notre Dame: \_\_\_\_\_ Course credit needed: Yes [ ] No [ ]

Study permit (Visa) is required: [ ] **OR** Study permit (Visa) already obtained: [ ]

Years of English Studies: \_\_\_\_\_ Previous Travel: \_\_\_\_\_

(Countries visited and length of stay)

Sponsor's name: \_\_\_\_\_ Homestay required: Yes [ ] No [ ]

Canadian Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

In medical emergency, contact Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Student's B.C. Medical Insurance No.: \_\_\_\_\_

Medical alerts: \_\_\_\_\_

To the best of my knowledge, all information on this application is correct.

If admitted to Notre Dame Regional Secondary School, I agree to abide by its policies and regulations.

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

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