



Education and Early
Childhood Development

Prince Edward Island International Student Program (PEIISP) Application Form

If you are an international student or an out-of-province student, you must complete this application form.

Please Print Clearly

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Student's Personal Information | | Date of Application: | |
| Surname(s) | | First Name(s) | |
| English Name | | Telephone | |
| Email | | Telephone | |
| Intended Length of Program <input type="checkbox"/> One semester <input type="checkbox"/> Full Academic Year <input type="checkbox"/> Until completion of high school | | | |
| Semester applied for <input type="checkbox"/> Fall Semester – Month/Year: _____ <input type="checkbox"/> Spring Semester – Month/Year: _____ | | | |
| Age | Date of birth (mm/dd/yr) | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| First language(s) spoken at home | | Other language(s) spoken at home <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____ | |
| Immigration Status <input type="checkbox"/> Study Permit (expiry _____) <input type="checkbox"/> Visitor Record (expiry _____) <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other _____ | | | |
| Family Contact Information (In student's home country) | | | |
| Please provide the full legal name (Surname, First name) | | | Language spoken |
| Father's name | | | |
| Mother's name | | | |
| Legal guardian's name: (if different from above) | | | |
| Address of Parent or Legal Guardian | | | |
| Home phone | | Cell phone | Fax |
| Email | | | |
| Emergency Contact Information | | | |
| Please provide the name and contact information for a person in your home country, other than your parents or legal guardian, as an emergency contact person. | | | |
| Name | | | Relationship |
| Address | | | |
| Phone (country code, area code, number) | | Fax (country code, area code, number) | |
| Cell phone | | | |
| Email | | | |

Agent Contact Information (if you are registering through an agent)

Name of Agency, Exchange Program, or Individual

Name of contact person for the Agency or the Exchange Program Telephone number

Email: Fax number

Custodian Information (if unaccompanied)

Please provide the name and contact information for your Custodian. This person must be a Canadian citizen or Permanent Resident and ordinarily resident in Prince Edward Island.

Surname: First name: English name:

Custodian's Address

Home phone Cell phone Work phone

Fax Email

Custodian's status in Canada: Canadian citizen Permanent resident**Educational History**

The school board will determine the grade placement. In the PEI education system, it is common for a high school student who is designated to a particular grade to take subjects at a different grade level as long as he/she meets the subject prerequisites.

What grade are you presently in?_____
(Please provide certified school transcripts translated into English for the last two years.)

| Country | Type of School (public or private) | From (mm/yr) | To (mm/yr) | Grade(s) completed | Main Language of Instruction | Other Languages Studied |
|---------|------------------------------------|--------------|------------|--------------------|------------------------------|-------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Previous English Instruction: Hours per day _____ No. of years _____

In English class, what did you study? Reading Writing Listening Speaking

Previous French Instruction: Hours per day _____ No. of years _____

In French class, what did you study? Reading Writing Listening Speaking**Health Information**Are you in good health and able to participate fully in your classes? Yes No

Please specify any ongoing medical condition or health issue of which the school needs to be aware (ex. serious allergy, diabetes, epilepsy, etc.) :

Do you have a disability or cognitive issue that requires special education support?* Yes No

If yes, please specify:

*** Please note that the Prince Edward Island International Student Program does not provide special education support for International or out-of-province students. Failure to disclose serious medical conditions, cognitive issues or other disabilities may result in the student being sent home.**

Personal Data:

1. Who suggested that you participate in the PEI International Student Program? Why?

2. What are your favorite courses in school?

3. Please list all your current interests and hobbies.

4. Please list all your current athletic activities.

5. What are your future career or job plans?

7. Have you ever lived away from home? Yes No If yes, please list where and when.

PRIVACY STATEMENT

Personal information on this form is collected under Section 31(c) of Prince Edward Island's Freedom of Information and Protection of Privacy Act, as it relates directly to and is necessary for the Prince Edward Island International Student Program. If you have any questions about the collection or use of this personal information, you may contact the EAL Program Administrator, Department of Education and Early Childhood Development, PO Box 2000, Charlottetown, PE, C1A 7N8 Canada.

**Prince Edward Island International Student Program (PEIISP)
Physician's Statement of Health - To be completed by Physician**

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Applicant's Name | Date of Birth |
| Address | |
| <p>Give your opinion of the general state of the applicant's physical, mental and emotional health: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If the applicant's health is only fair or poor, please explain:</p> | |
| <p>Does the applicant have a chronic disease which may affect his/her ability to benefit from or participate in the PEIISP? (ex. diabetes, heart disease, cystic fibrosis, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p> | |
| <p>Does the applicant have a chronic neurological disorder which may affect his/her ability to benefit from or participate in the PEIISP (ex. cerebral palsy, autism, down's syndrome, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p> | |
| <p>Does the applicant have any mental health issues which may affect his/her ability to benefit from or participate in the PEIISP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p> | |
| <p>Does the applicant have any cognitive learning issues which may affect his/her ability to benefit from or participate in the PEIISP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p> | |
| <p>Does the applicant have any physical or mobility issues which may affect his/her ability to benefit from or participate in the PEIISP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p> | |
| <p>Does the applicant have a visual or hearing impairment which may affect his/her ability to benefit from or participate in the PEIISP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p> | |
| <p>Are there any restrictions on the student's participation in school and/or school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p> | |
| Physician's name (Please type or print.) | |
| Physician's address: | |
| Physician's signature: | Date: |

Prince Edward Island International Student Program (PEIISP) Participation Terms

This section must be read and signed by you and your Parent(s) or Legal Guardian.

1. While in Canada, I understand that I am always under the jurisdiction of the national, provincial, and local laws. I shall obey all laws. If I break the law, it shall result in my termination from the program and I shall face the legal consequences of my actions.
2. I shall not participate in the illegal use of drugs, alcohol or tobacco while enrolled in the PEIISP and living in Prince Edward Island. Illegal use of these products shall result in my termination from the program.
3. I shall obey and follow the rules, guidelines and policies regarding attendance, course responsibilities and behavior as they pertain to school. Attendance at school is obligatory. A written note from a Custodian/Parent or doctor shall be submitted to the school when absent. If school rules are broken, such as poor behavior or chronic absenteeism, I understand that I shall be expelled from the PEIISP and sent home at my Parents' or Legal Guardians' expense.
4. I shall advise the staff at the PEIISP and at my school if I move and/or change Custodian.
5. I shall maintain a full-time timetable. In a semestered high school program, this means 4 courses per semester.
6. I understand that my reports on attendance or academic concerns may be shared with my Parents/Legal Guardian, Agent, Custodian, school, board personnel, and the PEIISP in order to provide the necessary guidance and assistance for my success.
7. I shall not drive motorized vehicles of any type, regardless of existing license or training from my home country, nor shall I hitchhike.
8. I understand that I require approval from my Agent or Custodian to travel outside the province with a group or my host family. As well, if I want to travel without adult accompaniment I require written approval, in English, from my Parent or Legal Guardian. I shall also receive permission from my Agent or Custodian at least two weeks prior to my planned departure date.
9. I understand that my tuition fees cover my monthly charges for instruction. There may be additional fees charged for items such as lockers, school agendas, etc. It is my responsibility to pay these fees which may cost between \$30 and \$50 per school year.
10. Prior to commencing class, I understand that I shall obtain health insurance through a Department-approved Canadian insurance provider. (i.e. such as StudentGuard Health Insurance)
11. The Department, in consultation with the appropriate school board, reserves the right to terminate the student's participation in the PEIISP for the violation of program rules and/or when a participant's mental and/or physical health, as determined solely by the Department, in consultation with the appropriate school board, is in jeopardy. Students who are expelled from the PEIISP shall be sent home at the Parents' or Legal Guardians' expense and shall not be given a tuition refund.
12. I understand that if I do not disclose serious medical conditions, cognitive issues or other disabilities when I apply for the program, I shall be asked to leave the PEIISP, with no tuition refund whatsoever.
13. I understand that I cannot work while enrolled in the PEIISP and while on a study permit or visitor record.

(continued on next page)

14. My Parents/Legal Guardians and I understand and agree that any inaccuracy in the Application Form or failure to abide by the above conditions shall result in my immediate dismissal from the PEIISP without refund of Tuition fees. If it is determined by the PEIISP that my educational needs are greater than disclosed in my Application Form, I shall be sent home at my Parent's or Legal Guardian's expense.
15. My Parents/Legal Guardian and I have read, understood and agree to the terms of the PEIISP Refund Policy set out below.

I have read, understood and agree to follow the rules and guidelines as outlined above.

I have read, understood and agree to follow the rules and guidelines as outlined above.

Signature of Student

Signature of Parent(s)/Legal Guardian

(month/day/year)

(month/day/year)

Prince Edward Island International Student Program (PEIISP) Tuition Fee Refund Policy

Students who apply for a Study Permit, have not begun their program, and are refused by Citizenship and Immigration Canada, will receive a full refund, provided they:

- 1) Submit a written request for the refund.
- 2) Submit the original Letter of Rejection issued by Citizenship & Immigration Canada. (This document will be returned to you.)
- 3) Submit the original Letter of Acceptance issued by the Department of Education and Early Childhood Development.
- 4) Submit the original receipt of Tuition payment.

There shall be no refund of the tuition fees after a Study Permit has been granted using the PEIISP Official Letter of Acceptance, if the student chooses to withdraw for any reason.

There shall be no refund of any portion of the tuition fees that has been paid to the PEIISP once the student has started attending classes.

There shall be no refund of the tuition if the student is found in violation of school rules and policies and forced to withdraw from the PEIISP.

There shall be no refund of the tuition for the semester in which the student is currently enrolled if the student changes immigration status during the year. A student who becomes a Permanent Resident of Canada after tuition is paid is not eligible for a refund for the semester in which the student is currently enrolled.

Prince Edward Island International Student Program (PEIISP)
General Release/Waiver

1. We, the undersigned, do hereby release and forever discharge the Prince Edward Island Department of Education and Early Childhood Development, "the Department", from all claims of any nature whatsoever which we may have against the Department for any injury, loss, damage, accident, delay or expense resulting from the student's participation in the PEIISP.
2. We, the undersigned, agree to indemnify the Department from and against all claims, demands, costs, damages, losses, actions, suits, or proceedings of every nature and kind whatsoever arising out of or resulting from the student's participation in the PEIISP.
3. We, the undersigned, acknowledge and confirm that we are solely responsible for any and all financial obligations or liabilities that the student may personally incur and any and all damage or injury to the person or property of others that the student may cause while participating in the PEIISP.
4. We, the undersigned, acknowledge and confirm that the Department is not responsible for any loss or injury suffered by the student while participating in the PEIISP. Furthermore, if the student becomes injured, ill or incapacitated, we agree that the Department may take all such actions as it considers necessary, including but not limited to, transporting the student home at the undersigned's expense. We, the undersigned, release the Department from any and all liability, related to any such actions.
5. We, the undersigned, acknowledge and confirm that the student's participation in the PEIISP may be terminated without any refund of tuition, and that the student shall be sent home at the undersigned's expense if the student does not adhere to the PEIISP Participation Terms or the school's guidelines, rules and standards.
6. We, the undersigned, warrant that the student has no history of criminal behaviour.
7. We, the undersigned, acknowledge and confirm that any disputes of a legal nature involving the student shall be resolved through a Canadian court of competent jurisdiction and that, we the undersigned, are solely responsible for all costs and consequences thereof.
8. We, the undersigned, acknowledge and confirm that placement in a specific school is subject to availability of space. The appropriate school board, in consultation with the Department, reserves the right to determine final school and grade placement for the student.
9. We, the undersigned, acknowledge and confirm that the Department is not involved in homestay placement and that the selection of a homestay provider is the sole responsibility of the undersigned.
10. We, the undersigned, acknowledge and confirm the PEIISP Tuition Fee Refund Policy.
11. We, the undersigned, acknowledge and confirm that the Department and the school board shall not be held liable for losses or expenses as a result of labour disputes or other causes beyond their control resulting in an inability to provide education to the student.
12. We, the undersigned, acknowledge and confirm that:
 - (a) we have had the opportunity to obtain independent legal advice prior to signing this General Release/Waiver;
 - (b) we have read this General Release/Waiver in its entirety and believe that we understand the nature and effect of this General Release/Waiver; and
 - (c) are signing this General Release/Waiver freely and voluntarily.

I have read, understood and agree to follow the rules and guidelines as outlined above.

Signature of Student

(month/day/year)

I have read, understood and agree to follow the rules and guidelines as outlined above.

Signature of Parent(s)/Legal Guardian

(month/day/year)

Application and Admissions Procedure:

1. Complete the Application Form.
2. Make sure all supporting documents, as listed below, are attached prior to sending your Application.
3. Fax a copy of the completed Application Form to the PEIISP at (902) 620-3737.
4. In addition, send the originals by courier to the PEIISP office. (See address below.)
5. Include the non-refundable Application Fee, if applicable, of \$250 CDN (in the form of an International Money Order). The International Money Order should be made payable to "Minister of Finance and Municipal Affairs". Students participating in a recognized Exchange Program are not required to pay the Application Fee.
6. Once a completed Application Form with fee, if applicable, and supporting documents are received by the PEIISP office, it will be processed. Incomplete Applications will not be processed until such time as they are complete.
7. The PEIISP office will review the Application and send either a letter of acceptance or a letter of refusal within one week of receiving the complete Application. All decisions are final.

List of Supporting Documents:

Please ensure the following documents are attached to this application. The PEIISP office will not process applications unless all the following documents, including the Application Fee (if applicable), are included with your application:

- Physician's Statement of Health
- Certified school transcripts translated into English (from the last two years)
- Two recent passport photos.
- Application fee of \$250 CDN (non-refundable), if applicable, in the form of an International Money Order.
- Participation Terms form (both you and your parents/legal guardian must sign this form.)
- Record of immunization

Documents you will need to submit before beginning school:

- Proof of Payment of health insurance, issued by an insurance provider that is approved by the Department, for the full period that the student will be attending school in Prince Edward Island
- Proof of immigration status
- Custodianship forms, duly notarized (2 copies signed by the student's parents/legal guardian in the home country and 2 copies signed by the custodian in Canada)

Immigration Documentation:

For information concerning the documentation required by a student to study in Canada, please visit the Citizenship and Immigration Canada website at:

<http://www.cic.gc.ca>

Please courier the completed application form with supporting documents to:

PEI International Student Program
c/o EAL/FAL Reception Centre
P.O. Box 2000, Charlottetown, PE
Canada C1A 7N8