

# INTERNATIONAL STUDENT APPLICATION FORM

## REGISTRATION PROCEDURE

### STEP 1

Return the following documents by fax or e-mail ([s.bishop@fcae.ca](mailto:s.bishop@fcae.ca)) and send originals by mail:

- Completed Admissions Form
- Birth certificate
- Passport information
- Last year's final report card
- This year's most recent report card (official transcripts)
- All English Proficiency tests
- Any educational or psychological tests completed in the past three years
- Application fee (\$100)

### STEP 2

Fredericton Christian Academy receives and reviews the above documents, and an admissions acceptance decision is communicated as soon as possible. If successful, your acceptance package will arrive in the mail.

### STEP 3

Complete, sign, and return all appropriate documents to Fredericton Christian Academy as soon as possible by DHL, FedEx, or Purolator.

### STEP 4

To study in Canada, students must obtain a Student Visa and Study Permit from the Canadian Government. Contact your nearest Canadian Consulate or Embassy to arrange an appointment. Enquire at the consulate as to what other documents will be required to enter Canada as a Student. If you have additional questions, please visit Canadian Immigration online, or contact us at [s.bishop@fcae.ca](mailto:s.bishop@fcae.ca).

Once your Student Visa and Study Permit are approved, we will communicate the next steps for travel and orientation, and welcome you to Fredericton Christian Academy.



# INTERNATIONAL STUDENT APPLICATION FORM

## STUDENT INFORMATION

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

Birthdate: Y\_\_\_\_ M\_\_\_\_ D\_\_\_\_  
Gender:  Male  Female Entering Grade: \_\_\_\_\_  
Will Require Homestay:  Yes  No

## PARENTAL INFORMATION

### *Father's information*

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Birthdate: Year\_\_\_\_ Month\_\_\_\_ Day\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Marital Status:  Married  Divorced  Widowed  
Lives with children:  Yes  No  
Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

### *Mother's information*

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Birthdate: Year\_\_\_\_ Month\_\_\_\_ Day\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Marital Status:  Married  Divorced  Widowed  
Lives with children:  Yes  No  
Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

## HOME ADDRESS

### *Physical Address*

Apt.# \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

### *Mailing Address*

*(Complete only if it is different from home address.)*

Street/PO Box#: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

*People that will be contacted if school is unable to contact parent(s):*

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_



## PERMISSIONS

### School Trips

Permission given:  Yes  No

My child may participate in school related off campus trips that are supervised by a faculty member. Such as: Sports, Field Trips, Skating etc.

### Image Permission

Permission given:  Yes  No

My child's picture, voice, video and/or work may be used by FCA for promotional materials.

### Lunch hour Permission Grades 6 – 12 Only

Permission given:  Yes  No

My child may leave the FCA school grounds between the hours 12:00 noon – 1:00 pm. I (we) recognize that my child will be unsupervised by school faculty upon leaving the school grounds.

## STUDENT WITHDRAWAL POLICY

A full tuition/homestay fee refund, less an administration fee of CAD \$500.00, will be granted for two reasons ONLY:

- 1) Firstly, a refund will be offered if Citizenship and Immigration Canada does not issue a Study Permit and/or Student Visa.
- 2) Secondly, if there is death in the student's immediate family.

To obtain a tuition/homestay refund, the student must either provide a copy of the "Letter of Rejection" from Citizenship and Immigration Canada and a written refund request from the student's parents including name(s), home address, signature(s), and full name of the student withdrawing. In the case of a family death, the student must provide proof of the family member's passing as well as a written refund request from the student's parents with a signature including name, address, and full name of the student withdrawing.

There will be no refund of the tuition/homestay fee in the following circumstances:

- 1) If the student chooses to withdraw for any reasons other than the Study Permit and/or Student Visa being denied by Citizenship and Immigration Canada, or there is a death of an immediate family member.
- 2) If the student is found in violation of school regulations and asked to withdraw from FCA.

Tuition/homestay fees are to be paid in full as soon as the student has received the FCA "Letter of Acceptance" for visa processing. In some cases, FCA will allow for families to pay by semester. In these isolated situations and when the "Letter of Acceptance" visa document stipulates that the length of study is one full year (two semesters), the same refund policy applies. That is, the student is required to pay for both semesters and remain a student at FCA for the course of study indicated in the "Letter of Acceptance".

Again, the only two exceptions are noted above.

Failure to meet financial obligations will result in possible legal action, holding of the student's FCA transcript and notification of this breach to Citizenship and Immigration Canada.

Parents, please initial here to signify that you have read and understand this policy: \_\_\_\_\_

## SIGNATURES

*Signature of both parents is required.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## HEALTH FORM

### STUDENT INFORMATION

First Name: \_\_\_\_\_

Birthdate: Y \_\_\_\_\_ M \_\_\_\_ D \_\_\_\_

Middle Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Female  Male

### PLEASE ANSWER THE FOLLOWING QUESTIONS

Yes  No Has your child received the required immunization? If "No", please explain.

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Yes  No Does your child have any allergies? If "Yes", please explain.

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Yes  No Does your child have a disability? If "Yes", please explain.

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Yes  No Does your child have any medical issues that should be brought to our attention? If "Yes", please explain.

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Yes  No Does your child have any medical issues that should be brought to our attention? If "Yes", please explain.

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### IMMUNIZATION RECORD

Please ensure that a copy of the Immunization Record is returned with this form.

