

INTERNATIONAL STUDENT APPLICATION FORM

REGISTRATION PROCEDURE

STEP 1

Return the following documents by fax or e-mail (s.amos@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 (\$1000)

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 office@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 application fee of \$1,000 and a 10% administration fee will be granted for two reasons ONLY:

1. If Citizenship and Immigration Canada does not issue a Study Permit.
2. If there is death in the student's immediate family, a refund will be offered.

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 within 60 days of the date of the letter of rejection. 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 and full name of the student withdrawing within 60 days of the family member's death.

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

1. If the student is issued a study permit by Citizenship and Immigration Canada. If a study permit is issued, the student is expected to attend FCA at the start of the next academic semester after the study permit is issued.
2. If the student chooses to withdraw for any reasons other than the Study Permit being denied by Citizenship and Immigration Canada or there is a death of an immediate family member.
3. 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.

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

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

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

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

IMMUNIZATION RECORD

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

