Please attach a recent head and shoulders photo of the applicant. Applications will not be accepted without a photo.



Pacific Academy 10238 - 168 Street, Surrey, BC V4N 1Z4

10238 - 168 Street, Surrey, BC V4N 1Z4 Phone: 604-581-5353 Email: ljanzen@mypacificacademy.net Website: www.pacificacademy.net

INTERNATIONAL STUDENT APPLICATION FORM

FOR OFFICE USE ONLY					
Date Received					
Date Acknowledged					
Interview Date/Time					
Accepted Y 🗖 N 🗖					
Date:					
Coordinator's Signature					
RECEIVED: Initial upon receipt					
Passport/Immigration Papers					

Note: This entire form is to be completed by the applicant's parent/guardian. Please print clearly.

1. Student's full legal name	legal name First (<u>underline</u> usual/preferred name)		Middle	Family Name	2. Sex M 🗖 F 🗖		
3. Phone	4. Birthdate	/ / DD YYYY	5. Birthplac	e City	Province/Country		
6. Mailing address Street		C	Sity	Prov.	Postal Code		
7. Parent email address	8. Primary language						
9. The student is: Landed Immigrant On Student Visa Are parents Canadian Citizens? Y							
10. Parent/guardian name(s)	Father's First Name	Father's Fam	ily Name	Mother's First Name	Mother's Family Name		
12. International address				Pha	ne ()		
13. Guardian or Canadian cont Phone ()	act Name: Address:	eet	Ci	ity Prov.	Postal Code		
14. Father's occupation	Place of business			Phone			
15. Mother's occupation	Place of business			Phone			
16. Church attended by studen	t/family			17. Pastor's n	ame		
17. Educational: All students must request to have their last two years report cards be sent directly from their previous school(s) to Pacific Academy.							
18. Grade applying for	19. Do you	have other cl	nildren current	ly attending Pacific	Academy? Yes 🗖 No 🗖		
If yes, please list name(s) and current grade(s):							
20. Are you making an application for other children for the same school year? Yes D No D							
If yes, please list name(s) and grade(s) applying for:							
21. Would you accept placement for only one child if all could not be accommodated? Yes D No D							
22. Is this the first time you have made an application for this child to attend Pacific Academy? Yes 📮 No 📮							

23. If "No", how many years have you been making application for this child?					Years			
24. Name of student's present	school	Phone						
25. Address Street		City	Pro	v. Country	Postal Code			
26. Type of school: Public	Independent 🗖	ACE 🗖	Christian	Other	(please state)			
27. Name and address of last school attended in B.C. (if different than above)								
Street		City			Postal Code			
28. Please list the student's interest of the student's interest of the student's stud	erests and hobbies.							
29. Has the student ever experi	enced any social dif	ficulties? Y	es 🛛 No 🖵	If yes, please exp	blain.			
30. Has the student ever been s	suspended from any	school? Y	es 🔲 No 🗖	If yes, please ex	alain			
50. This the student ever been a	suspended from any	3011001. 1		II yes, picase ex				
31. Has the student ever had any academic difficulties? Yes Ves Ves Ves If yes, please explain. (This will help us determine whether, and in what way we can best meet the student's needs).								
32. What is the student's attitude toward spiritual matters?								
33. As parents, why do you want your child to attend a Christian school such as Pacific Academy?								
a)								
b)								
c)								
34. Will the student need Homestay arrangements? Yes □ No □ If "No", please indicate with whom the student will be living :								
Name:								
Address:	Ci	ťtv	Prov.	Postal Code	Phone: ()			
35. Relationship to student: (mu					an home)			