



# International Summer Programs



International Education Services

36 Regatta Avenue  
Richmond Hill, ON L4E 4R1 Canada  
[www.yrdsb.ca/international](http://www.yrdsb.ca/international)

Telephone: (905) 884-3434  
Fax: (905) 773-2406  
[international.education@yrdsb.ca](mailto:international.education@yrdsb.ca)

PLEASE PRINT CLEARLY AND IN BLACK INK

**A PHOTOCOPY OF THE PARTICIPANT'S PASSPORT MUST ACCOMPANY THE APPLICATION**

## PROGRAM DATES

PROGRAM STARTS EVERY MONDAY

PROGRAM START DATE (YYYY/MM/DD)	PROGRAM END DATE (YYYY/MM/DD)	NUMBER OF WEEKS

## STUDENT'S PERSONAL INFORMATION

LAST NAME	FIRST NAME	OTHER NAME USED
COUNTRY OF RESIDENCE	NATIONALITY	FIRST LANGUAGE
<input type="checkbox"/> MALE	DOB (YYYY/MM/DD)	PRESENT GRADE
<input type="checkbox"/> FEMALE	/ /	LEVEL OF ENGLISH LANGUAGE
		<input type="checkbox"/> BEGINNER <input type="checkbox"/> LOW INTERMEDIATE <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED
EMAIL ADDRESS		

## FAMILY INFORMATION

STREET ADDRESS			
CITY	PROVINCE	COUNTRY	POSTAL CODE
FATHER'S LAST NAME / FIRST NAME		MOTHER'S LAST NAME / FIRST NAME	
PRIMARY TELEPHONE NUMBER (INCLUDE AREA CODE)		PRIMARY TELEPHONE NUMBER (INCLUDE AREA CODE)	
EMAIL ADDRESS (MANDATORY)		EMAIL ADDRESS (MANDATORY)	

## ACCOMMODATION REQUIREMENTS

HOMESTAY: <input type="checkbox"/> YES <input type="checkbox"/> NO (HOMESTAY PLACEMENTS ARE AVAILABLE FOR STUDENTS 14 TO 18 YEARS OF AGE.)	AIRPORT TRANSFER REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: <input type="checkbox"/> ONE-WAY <input type="checkbox"/> ROUND TRIP (ONLY AVAILABLE TO STUDENT IN HOMESTAY PROGRAM)
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## CUSTODIAN INFORMATION (MUST BE OVER AGE 18, AND CANADIAN CITIZEN, OR PERMANENT RESIDENT)

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
STREET ADDRESS	CITY	PROVINCE
		POSTAL CODE
PRIMARY TELEPHONE NUMBER (INCLUDE AREA CODE)	EMAIL ADDRESS (MANDATORY)	

## ADDRESS IN YORK REGION (not required if accommodations will be with Homestay Family)

HOST PARENTS' LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
STREET ADDRESS	CITY	PROVINCE
		POSTAL CODE
PRIMARY TELEPHONE NUMBER (INCLUDE AREA CODE)	EMAIL ADDRESS (MANDATORY)	

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## HEALTH INFORMATION

Does your child have an existing medical condition? ☐ YES ☐ NO

If yes, please check (✓) the appropriate condition and describe beside checked box(es).

☐ Food Allergy \_\_\_\_\_

☐ Diabetic \_\_\_\_\_

☐ Injury \_\_\_\_\_

☐ Drug Allergy \_\_\_\_\_

☐ Epilepsy \_\_\_\_\_

☐ Medication \_\_\_\_\_

☐ Insect Bite Allergy \_\_\_\_\_

☐ Asthma \_\_\_\_\_

☐ Other \_\_\_\_\_

(Carries Epipen)

(Carries Asthma Inhaler)

(please explain)

## DECLARATION

**HEALTH & SAFETY** - Every precaution is taken to ensure the safety and good health of our students but in the event of accident or sickness, York Region District School Board, its representatives, and its employees are hereby released from any liability. The International Summer Programs reserve the right to dismiss, without a refund, a student who is a hazard to the safety or rights of others, or who appears to have rejected reasonable controls of the York Region District School Board's International Summer Programs.

**PERSONAL PROPERTY** - I agree that the International Summer Programs, York Region District School Board, its representatives, and its employees are not responsible for any loss or damage to my child's personal property arising from, or in any way resulting from, my child's participation in these activities. Permission is hereby granted to the York Region District School Board's International Summer Programs, or its representatives, to transport my child to a local doctor or hospital for medical treatment if necessary.

### PAYMENT & REFUND -

- Payment is required to be made in the form of a bank draft, money order or certified cheque in Canadian funds payable to York Region District School Board.
- Registration and payment must be received on or before the deadline.
- The registration fee of C\$250 is non-refundable in all cases.
- No refund will be granted after the start of the program.
- In the event of cancellation (other than visa refusal) a refund less a cancellation fee (C\$250) plus the registration fee (C\$250) will be deducted from the program fee paid. A written refund must be submitted before the May 31 deadline.
- In the event of visa denial a refund less the registration fee (C\$250) will be deducted from the program fee paid.

The following documentation must be forwarded immediately to the York Region District School Board no later than August 20th for a refund to be issued.

(a) a written refund request (b) the original letter of refusal.

There will be no refund if the student fails to submit any of these before August 20th.

YES ☐ NO ☐ Student photographs, video taped images and activities, voice recordings, artwork, writing or other school work may be recorded, displayed or used in board and school specific internet web pages for documentation and presentation purposes of the York Region District School Board. I/We the undersigned, consent to the use of the above noted records and images by the York Region District School Board for the student named below.

YES ☐ NO ☐ I give my child permission to attend school or district-sponsored field trips.

☐ I, the parent of the named child have read, acknowledge and agree that the information given in the application is complete and correct.

PARENT	SIGNATURE	DATE
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CUSTODIAN (IDENTIFIED ON PG 1)	SIGNATURE	DATE
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## AGENT/AGENCY INFORMATION

AGENCY NAME	CONTACT PERSON
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STREET ADDRESS	SIGNATURE	DATE (YYYY/MM/DD)
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CITY	PROVINCE	COUNTRY	TELEPHONE NUMBER (include area code)
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EMAIL ADDRESS	FAX NUMBER (include area code)
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## PAYMENT METHOD

☐ WIRE TRANSFER

☐ CERTIFIED CHEQUE

☐ MONEY ORDER

Personal information is collected pursuant to the education act, as amended, and will be used to assess and document families who wish to be homestay families. Please contact the information access and privacy office for more information about the collection and use of personal information 905 727 0022 x2015 (retained by YRDSB for a period of 12 months from the date of last application).