



# School District No. 60 (Peace River North)

c/o 9304 – 86 Street Fort St. John, British Columbia  
Canada V1J 6L9

Phone: 1 (250) 784-4429 Fax: 1 (250) 785-4687  
Website: www.npss.prn.bc.ca

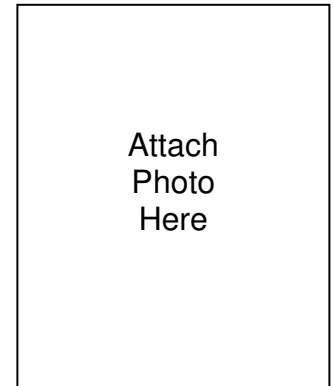


## APPLICATION FORM

Date of Application: \_\_\_\_\_

I am applying for start date:  September, \_\_\_\_\_  
(Year)

I am applying for start date:  February, \_\_\_\_\_  
(Year)



### PERSONAL INFORMATION:

Male  Female

### Applicant's Name:

\_\_\_\_\_  
Family Name (Surname)                      Given Name (First Name)                      Middle Name(s)

Birthdate: \_\_\_\_\_  
(Year / Month / Day)  
Example: 1986 / 12 / 04)

Current Age: \_\_\_\_\_ Years Old  
(At time of Application)

### Medical Information:

| Yes  | No | Yes  | No | Yes   | No |
|--|----|--|----|---|----|
| Allergies, if yes please state on line above |    | Chronic Medical Condition, if yes please state on line above |    | Mental Health issues, if yes please specify |    |

### Student's Current Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
Telephone (Home)

\_\_\_\_\_  
City

\_\_\_\_\_  
Telephone (Other)

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal / Zip (if applicable)

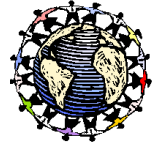
\_\_\_\_\_  
E-Mail Address

Country of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_



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## Name of Parent(s):

|                       |                      |                      |
|-----------------------|----------------------|----------------------|
| _____                 | _____                | _____                |
| Family Name (Surname) | Given Name of Father | Given Name of Mother |
|                       | _____                | _____                |
|                       | yyyy/mm/dd           | yyyy/mm/dd           |

### Father's Current Address: Same as Student

If different please provide details below

|               |                                    |
|---------------|------------------------------------|
| Street _____  | Telephone (Home) _____             |
| City _____    | Telephone (Other) _____            |
| Country _____ | Postal / Zip (if applicable) _____ |
|               | E-Mail Address _____               |

### Mother's Current Address: Same as Student

If different please provide details below

|               |                                  |
|---------------|----------------------------------|
| Street _____  | Telephone (Home) _____           |
| City _____    | Telephone (Other) _____          |
| Country _____ | Postal/Zip (if applicable) _____ |
|               | E-Mail Address _____             |

### Emergency Contact Information: must be different from father and mother

|                               |                               |
|-------------------------------|-------------------------------|
| Name _____                    | Telephone (home) _____        |
| Relationship to Student _____ | Telephone (cell/mobile) _____ |



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## Application Form – Part 2

### Academic Information:

I am currently enrolled in Grade \_\_\_\_\_ at: \_\_\_\_\_  
(Name of Educational Institution)

I Graduated from Grade 12 in \_\_\_\_\_ from: \_\_\_\_\_  
(Year) (Name of Educational Institution)

**\*\*In addition to the required courses, I would be most likely to choose electives as follows (check at least one box in each area)\*\***

- Sciences:      Physics                      Chemistry                      Biology
- Applied Skills:      Automotive              Metals              Drafting              Home Economics
- Computer/Business Education:      Accounting              Computers
- Visual & Performing Arts:      Music              Drama/Theatre              Art

### When I have completed this program I intend to: (check one)

- Apply to a Canadian university or college
- Apply to a university or college in my home country
- I will not be applying to a university or college
- Other plans \_\_\_\_\_

### The following documents must accompany this application form, must check all:

- Official transcripts or certified true copies of FINAL report cards for the previous two (2) years.
- Proof of age (copy of birth certificate or passport)
- Passport Photo
- Application Processing Fee of \$200.00 (in Canadian Currency)
- Immunization records - please refer to attached schedule requirements

## Immunization Schedule for B.C. Infants and Children

| Vaccine   | 2 Months                            | 4 Months                            | 6 Months  | 12 Months                           | 18 Months                           | Starting at 4 Years of Age (Kindergarten Entry) |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|---|
| <b>Chickenpox (Varicella) Vaccine</b> (#44b) <sup>1</sup>   |                                     |                                     |   | <input checked="" type="checkbox"/> |                                     |   |
| <b>Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, and Haemophilus influenzae type b (DTaP-HB-IPV-Hib) Vaccine</b> (#105) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>   |                                     |                                     |   |
| <b>Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae Type b (DTaP-IPV-Hib) Vaccine</b> (#15b)                     |                                     |                                     |   |                                     | <input checked="" type="checkbox"/> |   |
| <b>Hepatitis A Vaccine</b> (#33)<br>Indigenous children only  |                                     |                                     | <input checked="" type="checkbox"/>   |                                     | <input checked="" type="checkbox"/> |   |
| <b>Inactivated Influenza (Flu) Vaccine</b> (#12d) <sup>2</sup>  |                                     |                                     | <input checked="" type="checkbox"/><br>Annually for children 6 months to 4 years of age |                                     |                                     |   |
| <b>Measles, Mumps, Rubella (MMR) Vaccine</b> (#14a)   |                                     |                                     |   | <input checked="" type="checkbox"/> |                                     |   |
| <b>Measles, Mumps, Rubella and Varicella (MMRV) Vaccine</b> (#14e) <sup>1</sup>   |                                     |                                     |   |                                     |                                     | <input checked="" type="checkbox"/>             |
| <b>Meningococcal C Conjugate (Men-C) Vaccine</b> (#23a)   | <input checked="" type="checkbox"/> |                                     |   | <input checked="" type="checkbox"/> |                                     |   |
| <b>Pneumococcal Conjugate (PCV 13) Vaccine</b> (#62a)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   | <input checked="" type="checkbox"/> |                                     |   |
| <b>Rotavirus Vaccine (RotaTeq®)</b> (#104)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>   |                                     |                                     |   |
| <b>Tetanus, Diphtheria, Pertussis, Polio (Tdap-IPV) Vaccine</b> (#15a)  |                                     |                                     |   |                                     |                                     | <input checked="" type="checkbox"/>             |

**Note:** The vaccine schedule can change. Speak with your health care provider, or call **8-1-1** if you have questions. This immunization table was developed and reviewed by HealthLinkBC, BC Ministry of Health and BC Centre for Disease Control.

<sup>2</sup> Annual influenza immunization is recommended and provided free to children 6 months to 4 years of age. For children receiving an influenza vaccine for the first time, a second dose is recommended 4 weeks after the first dose.

<sup>1</sup> Children who have had chickenpox or shingles disease, confirmed by a lab test, at 1 year of age or older do not need the chickenpox vaccine, and should get the MMR vaccine at 4 years of age.



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## Refund Policy

- ◆ The Application Processing Fee of \$200.00 (in Canadian Currency) is non-refundable, regardless of whether or not the applicant is approved for acceptance.
- ◆ In the event that authorization for study is not approved by Canada Immigration, a full refund of tuition fees, (less the \$200.00 application processing fee) will be paid, providing the School District is notified prior to the start of the program.
- ◆ Granting of Refunds after the start of a program will be at the sole discretion of the School District. A written reason for withdrawal must be submitted for consideration.
- ◆ No refund will be provided if the student is asked to leave the program as a consequence of violation of the Participation Agreement.
- ◆ It is a fundamental condition of the Board of Education of School District #60 (Peace River North) agreement to provide your education that the Board shall not be liable for losses or expenses that may incur as a result of the Board being unable to provide education due to labour disputes or other causes beyond its control.

**I have read and fully accept the terms of the Refund Policy.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date