



School District No. 60 (Peace River North)

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



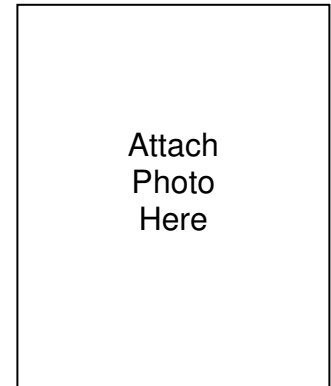
Phone: 1 (250) 785-4429 Fax: 1 (250) 785-4687
Website: www.npss.prn.bc.ca

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)

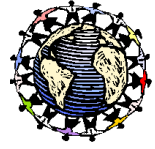
E-Mail Address

Country of Birth: _____

Citizenship: _____



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Name of Parent(s):

_____	_____	_____
Surname Father	Given Name of Father	Father's Birthday (yyyy/mm/dd)
_____	_____	_____
Surname Mother	Given Name of Mother	Mother's Birthday (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) _____

Social Media

Would you like to connect with one of our international ambassadors prior to your arrival?

If Yes, Please share your Instagram / Facebook Profile with us:

Yes No



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

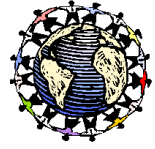
² Annual influenza immunization is recommended and provided free to children 6 months to 4 years of age. For children receiving an influenza vaccine for the first time, a second dose is recommended 4 weeks after the first dose.

¹ 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