



SCHOOL DISTRICT NO. 27 (CARIBOO-CHILCOTIN)  
 350 North Second Avenue, Williams Lake, BC V2G 1Z9  
 Phone: 250-398-3811 Fax: 250-398-7871

**APPLICATION FOR NON-RESIDENT OR INTERNATIONAL STUDENT**

The Parents, Guardians And School Will Receive A Letter When The Application Has Been Approved.  
**THE STUDENTS CANNOT BE REGISTERED UNTIL APPROVAL HAS BEEN GRANTED.**  
 Copies of ALL Documentation MUST Accompany Application

**STUDENT INFORMATION: (Please Print In English)**

Student's Full Name: \_\_\_\_\_ Sex:  Male  Female  
 Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Date Student will Begin School: \_\_\_\_\_ Going into Grade: \_\_\_\_\_  
 School Student will be Attending (if known): \_\_\_\_\_  
 English Skills Are:  Beginner  Intermediate  Advanced  
 Documentation Provided:  Study Permit  Permanent Resident Card  Canadian Citizen  Other: \_\_\_\_\_

**PARENT INFORMATION: Living with Parent(s) while in Canada:  Yes  No**

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Documentation Provided: (If Parent Resides in Canada)  
 Work Permit  Permanent Resident Card  Canadian Citizen  Other: \_\_\_\_\_

**GUARDIAN INFORMATION:  Not Applicable (Living with Parents)**

Guardian's Full Name(s): \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
(Street) (City) (Postal Code)  
 Mailing Address:  Same as Above OR: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Documentation Provided:  Canadian Court Ordered Guardianship  Tuition Paying

|  |                                   |                                    |
|--|-----------------------------------|------------------------------------|
| <b>TUITION PAYING:</b>   | <b>5 Months = \$6,000.00</b>      | <b>10 Months = \$12,000.00</b>     |
| <small>(Procedure and deadline for payment of tuition will be provided in acceptance letter)</small> |                                   |                                    |
| <b>Term of Study:</b>  | <input type="checkbox"/> 5 Months | <input type="checkbox"/> 10 Months |
|  | _____ Months (\$ _____)           |                                    |

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_