



Elementary Campus:
Secondary Campus:

6890 Pleasant Valley Rd
6920 Pleasant Valley Rd
Vernon, BC V1B 3R5

Phone: 250 545-7345
Fax: 250 545-0254
E-Mail info@vcs.ca
Web Site www.vcs.ca

International Student Program Admissions Policy

Vernon Christian School is pleased to provide enrollment opportunities to International families who wish to receive ELL instruction by enrolling their children in a Canadian School. The school will consider International students only if they have a local home environment that understands and is supportive of the school's program.

VCS will enroll up to three ELL students per homeroom class provided all regular conditions of enrollment are met.

The school reserves the right to determine the number of ELL hours of instruction the student may need.

ELL students must give evidence that they are able to meet the academic standards of grade 9 before entering the graduation program of grades 10 - 12.

Students enrolled in Kindergarten – grade 8 must reside in the Vernon area with a parent. For students in grade 9 or higher, the school reserves the right to determine the family with whom the student will stay. No student will be permitted to live on his/her own since he/she is in Canada not only to study, but also to integrate into Canadian society and culture. If a student is living with someone other than his/her parent(s), the school International Student Coordinator will need to interview the family and ensure that the home stay environment is consistent with the school's vision and enrollment policies.

A successful experience at Vernon Christian School depends upon the student making his/her best effort in every area of school life. Vernon Christian School reserves the right to dismiss students and return them home, at the parent's expense, without tuition refund, for violations of the School's Code of Conduct and/or Home stay Guidelines.

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INTERNATIONAL STUDENT PROGRAM

TUITION FEES FOR 2009/2010

Registration Fee (non-refundable):		\$500.00
Tuition Fees (in CDN):		
Full Time	1 st Child	\$13050.00
	2 nd Child	10% discount
	3 rd Child	10 % discount
Kindergarten		\$6520.00/ Child

Fees include: ELL Instruction (see policy)
Mandatory Medical Insurance (for student only)
Support services from the International Student Coordinator

Additional Costs:

Home Stay Fees	\$650.00/month (payable to Host Family)
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Tuition Refund Policy

- There is a full refund except the \$500.00 CDN Application Fee, if the student visa is not approved. (Original copy of the rejection letter from the Embassy is required.)
- If the student withdraws prior to start date, 2/3 of Tuition is refundable.
- If the student withdraws within one month of start date, 1/2 of the Tuition is refundable.
- There is no refund on fees if student withdraws one month after start date.

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INTERNATIONAL STUDENT REGISTRATION FORM

Family Information

Surname: _____

Home Country Address: _____

City: _____ Country _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Father's Name: _____ Occupation _____

Mother's Name: _____ Occupation _____

Parent(s) Address (if different from above):

___ My child will be residing with his/her parents

___ My child will be residing with a relative

___ My child requires Home Stay

Please state your reasons for registering your child at Vernon Christian School:

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ACADEMIC INFORMATION

1. List the last three schools attended, starting with the most recent.

<i>School</i>	<i>Grade</i>	<i>Location</i>	<i>Dates of Attendance</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please attach original and **translated** copies of transcripts and/or report cards for the past two years.

3. Has the student repeated or skipped any grades? _____ Grade: _____ Year: _____

4. Does the student have any academic concerns? If so, please give details.

(this will help us establish whether we can meet the student's needs, and how we would do so.)

5. Does the student have, or has he/she experienced any social problems in or out of school? (Explain)

6. Please list student's interests and hobbies (eg; soccer, piano, stamp collecting etc.)

7. Is there anything else you wish to convey to the school?

Please notify the International Student Coordinator or Principal of any change of address, telephone or fax number.

1. _____ Date: _____
(Parent Signature)

2. _____ Date: _____
(Parent Signature)

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STUDENT INFORMATION SHEET

To be completed by the applying student (Grade 7-12)

Surname of Student Given name of Student Grade entering

Why do you want to attend Vernon Christian School? _____

What activities do you enjoy the most? _____

What activities in school do you find most difficult? _____

Do you attend church on a regular basis? _____

What extracurricular activities are you involved in? _____

All students must sign the consent form regarding Internet use and the school's code of conduct.

I have answered all the questions honestly and completely without holding back important information.

Student Signature Date

Parent Signature Date

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CONTACT INFORMATION

Emergency Contact Person in Home Country

Name: _____ Telephone: _____
Relationship to Student: _____ Email: _____

Local Contact (if available) responsible for student while at VCS

Name: _____ Relationship: _____
Address: _____
Telephone: _____ E-mail: _____

Medical Information

Overall Physical Condition: _____

Is your child able to participate in a full Physical Education Program? _____

**Please note: A doctor's certificate is required for exemption from PE class, as this is a compulsory subject.*

Does your child have any of the following?

Diabetes ____	Hearing Problem ____	Heart Condition ____
Asthma ____	Vision Problem ____	Contact Lenses ____
Epilepsy ____	Allergies ____	Other ____

Please briefly explain the above conditions that apply to your child:

Care Card # (if available): _____

Family Doctor (if available): _____

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A Heart for God A Mind for Truth

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PASTORAL REFERENCE

Parents: Please have your Pastor complete the lower part of this form.

Date: Family Surname:

Father's Given name: Mother's Given name:

Dear Pastor:

The above family has given your name as a reference for enrolling their child(ren) at Vernon Christian School. We appreciate your cooperation in taking a few minutes to answer these questions.

1. How long have you known this family?

2. Are the parents members of your church?

3. What is their church attendance pattern? Regular Occasionally Rare

4. Are the parents active in church ministries? Please specify:

5. How do you expect the child(ren) will benefit from attending Vernon Christian School?

6. Additional Comments/Notes:

Pastor's Name: Pastor's Signature:

Church Name: Phone Number:

Fax: E-mail:

The Completed form may be mailed or faxed to the school. Thank you for your time and cooperation.

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CONSENT FORM 2009 – 2010

MEDIA COVERAGE STATEMENT

By initialing this box, I signify that I **Do Not** allow my or my child(ren)
 photo, name in any school publication, broadcast, or on the school website.

By initialing this box, I signify that I **will** allow media coverage for my child(ren) and my self .

INTERNET USE POLICY

By signing below I indicate that I have read the Vernon Christian School Internet Guidelines in the Parent Handbook (appendix E) with my child(ren) and agree to support and abide by them. **Students in grade 4 - 12 must also sign below to indicate their understanding of the Internet Use Policy.**

By initialing this box, I signify that I understand & support the Internet Use Policy. [Appendix E](#) click on link or to to our website www.vcs.ca to access this form.

STANDARDS OF CONDUCT

By signing below I indicate that I have read the Vernon Christian School Standards of Conduct in the Parent Handbook (appendix C) with my child(ren) and agree to support and abide by them. **Students in grade 4 - 12 must also sign below to indicate their understanding of the Standards of Conduct.**

By initialing this box, I signify that I understand & support the Standards of Conduct. [Appendix C](#) click on link or go to our website www.vcs.ca to access this form.

My signature below indicates my understanding of and agreement with the above statements as they apply to my children and me:

Student Name(s)	Grade	Student Signature (Gr. 4 – 12)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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