



Coast Mountains Board of Education School District 82

3211 Kenney Street, Terrace, BC V8G 3E9
Tel. (250) 635-4931 or 1-855-635-4931 - Fax 1-888-290-4786 - www.cmsd.bc.ca

INTERNATIONAL STUDENT PROGRAM APPLICATION FOR ADMISSION

Student Information

Family Name

Given Name

Middle Name

Street Address

City

Country

Birthdate: _____
Day Month Year

Sex: Male Female

Telephone: _____ Email: _____ Citizenship: _____

Parents:

Father's Name

Mother's Name

Father's Address (if different from above)

Mother's Address (if different from above)

Father's Occupation

Mother's Occupation

Emergency Contact Information (in case we cannot reach your parent or agent)

Name

Relationship

Home Telephone

Work Telephone

- I want to apply for Grade 8 9 10 11 12 Other: _____
- I want to begin September February Other _____ Year: 20____
- I want to attend for:
 - One Semester Academic Year Graduation Short Term: From _____ to _____
- My English Skills are: Beginner Intermediate Advanced

When I Graduate, I intend to:

- Apply to a university in Canada
- Apply to a university in my home country
- Apply to a university in USA
- Attend a college or technical school

School Information

Current School

City

Dates Attended

Previous School

City

Dates Attended

Why did you decide to study in Canada? _____

What career do you wish to pursue after your education is completed? _____

Please indicate any part-time job or work experience you may have had. _____

Please rank the following academic subjects in order of your abilities.

(i.e: 1, 2, 3 ...) **1 = Highest Ability** **7 = Least Ability**

mathematics physics chemistry biology history geography English

Please rank the following elective subjects in order of preference.

(i.e: 1, 2, 3 ...) **1 = Most Favourite** **10 = Least Favourite**

computers cooking woodworking art orchestra
 sewing photography ceramics choir sports

Please list all languages you have studied. _____

Which school sports do you enjoy? _____

Do you play a musical instrument? Yes No If "Yes", what do you play? _____

Will you bring your musical instrument to Canada? Yes No

Will you bring a computer to Canada? Yes No

Signatures

Student Signature

Date

Parent Signature

Date

*Attach
photograph
here.*

Please email your completed application with the required documents noted below to:

Email: study@cmsd.bc.ca

Attention: Ms. Janet Meyer, Director of Instruction, School Support
International Student Program

Coast Mountains Board of Education School District 82
3211 Kenney Street, Terrace, British Columbia, V8G 3E9 Canada

Please ensure the following documentation is included with your completed application:

- ↳ An official copy of your school transcripts for the past three years.
- ↳ A copy of your school transcripts translated into English.
- ↳ Proof of age.