



INTERNATIONAL STUDENT PROGRAM
STONEWALL, MANITOBA, CANADA

INTERNATIONAL STUDENT APPLICATION FORM

Please select the school to which you are applying:

- | | | |
|--|---|---|
| <input type="checkbox"/> Balmoral School | <input type="checkbox"/> Stonewall Centennial | <input type="checkbox"/> Stonewall Collegiate |
| <input type="checkbox"/> Brant-Argyle School | <input type="checkbox"/> Stony Mountain | <input type="checkbox"/> Teulon Collegiate |
| <input type="checkbox"/> Grosse Isle School | <input type="checkbox"/> Warren Elementary | <input type="checkbox"/> Warren Collegiate |
| | <input type="checkbox"/> Woodlands | <input type="checkbox"/> Other: _____ |

Application Date: _____ Start Date: _____ Grade Placement: _____

- Term/Semester 1 (September – January)
 Term/Semester 2 (February – June)

Important Information:

Please complete this form and submit it to the Assistant Superintendent. Ensure that you have included the appropriate payment and a photocopy of the student's passport. A letter of acceptance will then be forwarded to you for Immigration purposes.

We accept payment by certified cheque. Certified cheques should be in Canadian funds and made payable to the Interlake School Division. We will issue a refund (minus a \$200 processing fee) for students whose visas have not been granted.

Student Fee Structure (Canadian funds):

- Tuition Fee: \$10,000 (full year)
- Medical Insurance: \$500 (full medical coverage)
(Compulsory)
- Homestay: \$600 per month (to be paid directly to homestay families on the first of each month)

STUDENT INFORMATION

Family Name:			
Given Names:		Also Know As:	
Date of Birth:	Male or Female:		Citizenship:
Home Address:			
City:	Prov. or State:	Country:	Postal Code:
E-mail Address:			
Name of Last School Attended:			
Address of School:			
City:	Prov. or State:	Country:	Postal Code:
Final Grades:			

PARENT INFORMATION

Name of Mother:		Date of Birth:	
Citizenship:		Tel:	
Mailing Address:			
City:	Prov. or State:	Country:	Postal Code:
E-mail Address:			
Name of Father:		Date of Birth:	
Citizenship :		Tel:	
City:	Prov. or State	Country:	Postal Code:
E-mail Address:			

FOR OFFICE USE ONLY

Application Fee Paid:	Transcripts Submitted:	Passport Photocopy:
Assistant Superintendent's Signature:		
Principal's Signature:		
Medical Insurance Paid:	Student Fee Paid:	
Pymt Rec'd By:	Receipt #:	Date: