

INTERNATIONAL STUDENT APPLICATION FORM

Name (Surname on Passport):			
Date of Application:			
First Name (on Passport):			
	Month Year		Age:
Gender:	ale 🗆 Female	email address	3:
Mailing Address:			
	T. (0)		
	Town/City	Country	Code
Telephone Number: ax Number:			
Name of Father (or n	nale guardian):		Occupation:
Name of Mother (or female guardian):			Occupation:
Number of Siblings:			
How long do you wis	h to study at a Grande Yellow	head School? From: _	To:
Please circle the grad	des you wish to attend while a	uttending a Grande Yel	lowhead School:
Grade 7 Grade	e 8 Grade 9	Grade 10	Grade 11 Grade 12
Starting:		Finishing:	
Day Mor	nth Year	Day M	onth Year
Do you expect to gra	duate from a Grande Yellowh	ead School? Yes:	No: (Please check ✓ one)
Why do you wish to a	attend a Grande Yellowhead S	School?	
Languages Spoken:			
What is your compet	ence in English? (Please che	ck ✓ one of the followi	ng):
BeginnerIntermediateBilingual	Able to use some greetings, short sentences, but not enough to carry on a conversation. Able to understand radio and television programs; can read, but hesitant to talk. Able to understand and use English in most current situations.		



List special interests you have at school and outside school:

Living Arrangements

- Student Requires Homestay
- o Student will live with mother/ father at address indicated below (no custodian required)
- Student will live with the following individual (require custodianship declaration for minors studying in Canada)

Name:
Full Address (Incl. Street /Town / City/ County/ Postal Code)
Phone/ Mobile/ Email Address

For a list of terms and conditions, please visit Administrative Procedure AP 311 – Supervision of Students.

Return this completed application form together with all necessary documents to:

KAREN SHIPKA, Assistant Superintendent-Learning Services

Mailing Address: 3656 1 Avenue, Edson, AB T7E 1S8

Telephone: 1 (800) 723-2564 Fax: (780) 723-2414

Email: kareship@gypsd.ca