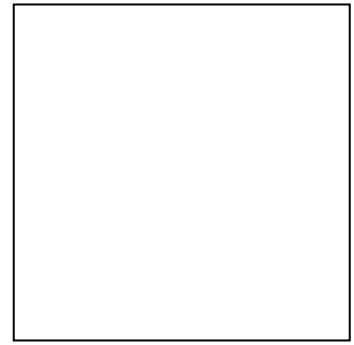




# Application Form

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_  
 Email Address: \_\_\_\_\_



## Student Information (Form must be completed electronically - in English)

Student's last name	Student's first name	Student's middle name
Student's mailing address Street: _____ City/town: _____ Province/state: _____ Postal Code: _____ Country: _____		Student's primary telephone
		Students email address
Citizenship	Date of birth MONTH                      DAY                      YEAR	Gender Male                      Female
Primary language spoken: _____		Orientation Sweatshirt Size: small    medium    large    x-large
Additional languages spoken fluently: _____		

## School Information

How long do you plan to study in Canada?      Semester      Full Year      Other (please indicate) \_\_\_\_\_

Do you want to attain Alberta High School Credits?      Yes      No

When do you plan to begin your studies in Canada: \_\_\_\_\_

Current grade in home country: \_\_\_\_\_      Requested grade in Alberta: \_\_\_\_\_

Do you plan to graduate from high school in Alberta?      Yes      No

Have you graduated from high school in your home country?      Yes      No

Do you require any special courses?      Yes      No

*If yes, please indicate:* \_\_\_\_\_

Name of the school you are currently attending: \_\_\_\_\_

Level of spoken English:      low      fair      good      excellent

Level of written English:      low      fair      good      excellent

Current Courses	Hours/course	Grade	Mark

Current Courses	Hours/course	Grade	Mark



## Parent Information

### Father's Information

Last name	First name	Address <i>(if different from student)</i>
Birthdate MONTH                  DAY                  YEAR	Occupation	
Home phone number	Business phone number	
Mobile phone number	Email address	

### Mother's Information

Last name	First name	Address <i>(if different from student)</i>
Birthdate MONTH                  DAY                  YEAR	Occupation	
Home phone number	Business phone number	
Mobile phone number	Email address	

### Sibling Information

Full Name	Birthdate	Gender	
	MONTH                  DAY                  YEAR	Male	Female
	MONTH                  DAY                  YEAR	Male	Female
	MONTH                  DAY                  YEAR	Male	Female
	MONTH                  DAY                  YEAR	Male	Female

*If more space is required please write on a separate page and attach*



## Language Training

1. Have you had any English Second Language (ESL) training or participated in an ESL program?

Yes          No      If yes, what program: \_\_\_\_\_

2. Please list any languages you have studied.

Language	Years Studied	Language	Years Studied

## Personal Data

**Interests & Hobbies** - Please list all current interests and hobbies.

\_\_\_\_\_

**Athletics** - Please list all current athletic interests.

\_\_\_\_\_

1. Who suggested that you participate in the Medicine Hat Catholic International Student Program and why?

\_\_\_\_\_

\_\_\_\_\_

2. What are your favourite courses in school and why?

\_\_\_\_\_

3. Tell us about an achievement, award or special honour of which you are proud.

\_\_\_\_\_

4. When you return home, will you:      continue education at your school      enter university      seek employment

What are your future career or job plans? \_\_\_\_\_

5. Have you ever lived away from home?      Yes      No

Where	Date
_____	_____ to _____
_____	_____ to _____

6. What are your household chores and responsibilities?

\_\_\_\_\_



## Health Questions

### 7. Have you ever had any of the following? Please select any that apply. Medical waiver required.

*Failure to disclose accurate health/medical/food information will result in dismissal from the MHCBE.*

Asthma	Poliomyelitis
Celiac Disease	Psoriasis
Cough (Persistent)	Seizure disorder or epilepsy
Diabetes Mellitus	Hepatitis
Enuresis	Parasites
Goiter (Struma)	Sleep disorder
Headache or migraines	Thyroid disorder
Hernia	Tuberculosis
Kidney Disease	Vertigo or dizziness
Malaria	Other (please specify below)
Meningitis	

b.

Appendicitis	Mumps
Dyslexia (requires separate waiver)	Pneumonia
Learning disability (requires separate waiver)	Rheumatic
Measles	Fever
Mononucleosis	Rubella
Varicella (chicken pox)	Scarlet Fever

c. **Have you been vaccinated for COVID 19?** Yes No

8. Do you have any allergies to medication? Yes No

*If yes, please provide details*

9. Are you currently using any prescription drugs and/or medication? Yes No

*If yes, please provide details*

10. Are you currently under treatment for any medical or emotional conditions? Yes No

*If yes, please provide details*

11. Will you be taking any medication when in Alberta? Yes No

*If yes, please provide details*



12. Have you had restriction of a physical activity in the last five years? Yes No  
*If yes, please provide details*

---

13. Have you ever consulted a medical specialist? Yes No  
*If yes, please provide details*

---

14. Have you ever had any treatment or counselling for a nervous condition, personality disorder, or emotional problems?  
Yes No *If yes, please provide details*

---

**Accommodation Information: (If more space is required please write on a separate page and attach)**

15. Are you allergic to pets? Yes No *If yes, please include the details below and the severity of the allergy*

---

---

16. Do you have any special dietary needs or follow any of the following special diets? Yes No

Lactose Free:	Yes	No	Macrobiotic:	Yes	No
Gluten Free:	Yes	No	Vegetarian:	Yes	No
Food allergies:	Yes	No	Vegan:	Yes	No
Other:	Yes	No			

**If you have selected yes to any of the above, please include the details below and provide specific restrictions or any special requirements of which the host family will need to be made aware of:**

---

---

---

17. What kinds of foods do you particularly like/dislike?

---

---

18. Do you have any food allergies? Yes No  
*If yes, please include the details below and indicate the reaction that occurs if the food is consumed*

---

---



19. Do you have any other allergies that are not related to medication, pets or food?      Yes      No  
*If yes, please include the details below, the reaction that occurs and indicate the severity of the allergy*

---

---

## Additional Questions

20. I confirm I have no outstanding criminal charges or a criminal record in my country of residence.

True      False

21. Do you smoke?      Yes      No      Occasionally (Vaping is included in this smoking related question)

22. Do your parents allow you to smoke?      Yes      No      (signature required on page seven)

*Please note: It is illegal for anyone under the age of 18 to purchase cigarettes in Alberta*

23. I confirm I have no known mental or physical health conditions not disclosed in the Health Section of this application.

True      False

---

## MHCBE Checklist of Required Documents:

- Complete the application form
  - Complete the International Student Application Form
- Prepare the following documents:
  - School/Academic records from the past two years translated into English (copies must have school stamp)
  - Letter of recommendation from the current teacher or principal translated to English
  - Copy of passport (picture page)
  - Custodianship documents (unless applying for homestay or parent living in Medicine Hat with child)
- Payment
  - Application Fee must accompany a complete application. Fees payable by Flywire/Bank Transfer/Wire: Arrange for your bank to wire the funds to our bank. If this is the preferred method, please email wanda.simmons@mhcbce.ab.ca or phone 403-527-2292 or toll free 1-866-864-0013 and a form with the appropriate banking instructions will be provided. Please ensure funds transferred are in Canadian currency.
- Student Homestay Application
  - You indicated whether or not you are interested in our Homestay Program and, if so, that you have completed the Homestay Application Form
- Email application form with supporting documents to: wanda.simmons@mhcbce.ab.ca
- Letter of Acceptance
  - We will notify you immediately about the acceptance of the student.
- Custodian Declaration
  - Submit e-copies to: wanda.simmons@mhcbce.ab.ca of notarized Citizen & Immigration Canada Custodian Declaration Form # IMM 5646 (pages 1 & 2) for minors. This is not applicable if parents will live with the child in Medicine Hat for the duration of the studies. If using MHCBE Homestay, they will be the designated Custodian.
- Study Permit
  - Apply for a Study Permit from your home country as soon as you receive the Letter of Acceptance.