Please attach a recent head and shoulders photo of the applicant. Applications will not be accepted without a photo.



Pacific Academy

10238 - 168 Street, Surrey, BC V4N 1Z4 Phone: 604-581-5353

Email:

international@mypacificacademy.net

Website: www.pacificacademy.net

INTERNATIONAL STUDENT APPLICATION FORM

FOR OFFICE USE ONLY			
Date Received			
Date Acknowledged			
Interview Date/Time			
Accepted Y N N			
Date:			
Coordinator's Signature			
PROPERTY AND A SECOND			
RECEIVED: Initial upon receipt Passport/Immigration Papers □			

Note: This entire form is to be completed by the applicant's parent/guardian. Please print clearly.

1. Student's full legal name	First (<u>underline</u> usual/preferred name)) Middle	Family		х М 🗖	F 🗖		
3. Phone	4. Birthdate / /	5. Birth	place City	Province/Count	ry			
6. Mailing address Street		City	Prov.	Postal Code				
7. Parent email address	8. Primary language							
9. The student is: Landed Ir	nmigrant □ On Student	Visa □	Are parents Canad	dian Citizens? Y 🗖	N□			
10. Parent/guardian name(s)	Father's First Name Father	r's Family Name	Mother's First	Name Mother's	Family Name	?		
12. International address			Phone ()					
13. Guardian or Canadian cont Phone ()	ract Name: Address:		City	Prov.	Postal Cod	le		
14. Father's occupation	Place o	f business	Phone					
15. Mother's occupation	Place of	f business		Phone				
16. Church attended by student/family 17. Pastor's name								
17. Educational: All students must request to have their last two years report cards be sent directly from their previous school(s) to Pacific Academy.								
18. Grade applying for 19. Do you have other children currently attending Pacific Academy? Yes \(\sigma\) No \(\sigma\)								
If yes, please list name(s) and current grade(s):								
20. Are you making an application for other children for the same school year? Yes \(\sigma\) No \(\sigma\)								
If yes, please list name(s) and grade(s) applying for:								
21. Would you accept placement for only one child if all could not be accommodated? Yes \(\begin{align*} \text{No} \emptyset{\textsuperposition} \emptyset{\text{No}} \								
22. Is this the first time you have made an application for this child to attend Pacific Academy? Yes No								

23. If "No", how ma	any years ha	ve you been makin	g application	for this chi	ild?		Years			
24. Name of student	t's present so	chool					Phone			
25. Address			City		Prov.	Country	Postal Code			
26. Type of school:	Public 🗖	Independent	ACE 🗖	Christian	<u> </u>	Other \Box	(please state)			
27. Name and address of last school attended in B.C. (if different than above)										
Street			City				Postal Code			
28. Please list the st	udent's inter	rests and hobbies.								
29. Has the student	ever experie	nced any social dif	fficulties? Y	es 🗆 No		If yes, please	explain.			
30. Has the student	ever been su	spended from any	school? Y	es 🗆 No		If yes, please	explain.			
31. Has the student e		academic difficultie meet the student's needs)		No 🗖	If yes	s, please explai	n. (This will help us determine			
whether, that it what	<u></u>	most the statement in needs,	<u> </u>							
32. What is the stud	ent's attitud	e toward spiritual 1	matters?							
33. As parents, why do you want your child to attend a Christian school such as Pacific Academy?										
a)										
b)										
c)										
34. Will the student need Homestay arrangements? Yes □ No □ If "No", please indicate with whom the student will be living:										
Name:										
Address:	Street		ity	Prov.		Postal Code	Phone: ()			
35. Relationship to s	student: (must	be a blood relative that is	s a parent or stude	nt will be placed	l in an F	English speaking Chr	istian home)			