

SIGNATURE SHEET

1. I/we understand that my child is placed in the grade at school associated with their year of birth. Individual schools will determine the best educational program for each student given their English ability and academic history.
2. (High School aged students) I understand that graduation in British Columbia is more than a one year process.
3. I/we give permission for my child to participate in School District No. 23 fieldtrips and activities that are sponsored by the school my child attends, the International Education Department, or School District No. 23 (Central Okanagan).
4. I/we give permission for my child to use the internet at school. I understand that the district does all it can to protect students from accessing harmful websites, however, it is not always possible to protect our students from everything on the world wide web.
5. I/we give permission for **photographs** of my child to be taken that may be used in promotional materials or on various school district web sites.
6. All students participating in the International Education Program in School District 23 (Central Okanagan) are required to purchase **medical insurance** as arranged by the International Education Department in accordance with the Province of British Columbia. Under section 7(1.2) of the Act, a statement cannot be submitted for the purpose of requesting that a child not be enrolled in BC Medical. I/we have read and understand that health insurance is required for my child.
7. I/we understand that students are expected to conform to the **district code of conduct**, a breach of which may include expulsion from the program (without any refund and at the parents' expense).
8. I/we understand that there are **educational differences in Canada**, and the expectation placed upon all students, including International Students, is to respect people of all genders, races, ethnicities, religions, and cultural backgrounds.
9. I/we confirm that the applicant student is not affected by or does not have a **history of medical, psychiatric, or emotional difficulties** nor does the applicant student have any condition that would impact the student's ability to be successful as an international student in School District 23 (Central Okanagan).
10. I/we understand that if a student's **educational or homestay needs** are greater than disclosed in the application process, or change during the student's stay in the district, Central Okanagan International Education has the right to terminate participation in the district and send the student home at the parents' expense.
11. I/we confirm that the applicant student has no **history of criminal behavior**, specifically including sexual impropriety.
12. I/we understand and agree that although Canada and the Central Okanagan are very safe places by world standards, and the applicant student will be supervised both at school and by the homestay family, such **supervision will not be constant** and Central Okanagan International Education cannot guarantee the student's safety. Central Okanagan International Education, School District No. 23 (Central Okanagan) and the homestay family can not be held legally liable if the student is injured while in Canada.
13. I/we **waive all current and future claims** against Central Okanagan International Education and School District No. 23 (Central Okanagan) in regards to breach of contract, dissatisfaction with the program, misrepresentation, or if any harm or injury comes to my child during their stay in Canada.
14. I/we confirm that **all statements made and all information given in this application are true** and will be relied upon by the school district and Central Okanagan International Education in offering a place to the student in our program. Any inaccuracy in this application is grounds to permit School District No. 23 (Central Okanagan) or Central Okanagan International Education, in its sole discretion, to terminate the agreement and send the child home (without any refund and at the parents' expense).

We the undersigned, have read, understand and agree to abide by clauses 1-14 as stated above and the fee schedule and refund policy as outlined on pages 5 and 6 of this application form.

Mother's Signature

Date

Father's Signature

Date

Applicant Student's Signature

Date

Witness Signature

Date