CITY VANCOUVER ACADEMY
your journey begins here

300-5900 No. 3 Road
Richmond, BC V6X 3P7
604.278.6811

City Vancouver Academy - High School Graduation Program

DOMESTIC STUDENT APPLICATION FORM

Please submit a completed application to:

City Vancouver Academy
c/o High School Graduation Program
#2115-8766 McKim Way
Richmond, BC, Canada
V6X 4G4

For Office Use Only:
CVA Student Number
Grade Date

Insert Photo Here

PLEASE PRINT CLEARLY IN ENGLISH. ***Translated brochures and application forms are provided for the easy reference of applicants. City Vancouver Academy always follows the policies and definitions as stated in the English version of brochures and application form***

Apply for school beginning:
Applicants aged 17 or under: ☐ Sept ~ Dec ☐ Jan ~ Apr ☐ May ~ Aug
Applicants aged 18 or above: ☐ Sept ~ Dec ☐ Jan ~ Apr ☐ May ~ Aug

STUDENT INFORMATION

Surname (Family Name) | Given Name | English Name (if applicable) | Gender: ☐ Male ☐ Female ☐ Other

Date of Birth (mm/dd/yy) | Phone Number | E-mail Address | PEN number

Status: ☐ Permanent Resident Citizenship

Current Local Address | City

Province | Country | Postal Code

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FAMILY INFORMATION

Father: _____ _____ Mother: _____ _____
Family Name Given Name Family Name Given Name

Permanent Address

Home Telephone | Cellular phone (Father) | Cellular phone (Mother)

E-mail address (Father) | E-mail address (Mother)

Are they EMERGENCY contacts? Yes ☐ No ☐

APPOINTED CUSTODIAN / GUARDIAN

- ☐ I request City Vancouver Academy to appoint custodian for my child.
- ☐ My child will live with the custodian of the following person who is a Canadian Citizen or landed immigrant and is over the age of 25.

Family Name: First Name:

Relationship: E-mail:

Address:

Phone (Home): Phone (Business):

Is this EMERGENCY contact? Yes ☐ No ☐

EDUCATION HISTORY

Name and location of most recent schools attended:

School | City, Country | Date Attended | Grades(s) Completed

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PARENT CONSENT

Field Trips
I give my child permission to attend school education program-sponsored field trips. ☐ Yes ☐ No

Release of Information
I give permission for my child's name, photograph and video to be used as it related to the production of a school play or concert, a school event or promotion of City Vancouver Academy. ☐ Yes ☐ No

Protecting Your Personal Information: City Vancouver Academy collects and uses personal information for the sole purpose of maintaining accurate student records in the administrative offices, and to respond immediately to an emergency. City Vancouver Academy commits to using and storing this information responsibly and will not release this information to a third party without your verbal or written consent unless permitted under the PIPA (Personal Information Privacy Act) legislation. If you have questions about City Vancouver Academy's use, storage or disclosure of personal information, please contact our privacy officer (the school principal).

I/we consent to having City Vancouver Academy collect, use and disclose this personal information as outlined above.

Student/Parent Signature: _____

HEALTH INFORMATION

All students with special needs must be assessed before determining placement.
Basic health coverage is available to students through the BC Medical Services Plan (MSP) after three months of landing in Vancouver, Canada. Students should buy private medical insurance for the 1st three months while in Vancouver, Canada.

If student is already studying in BC, please provide Care Card number _____

Does the student have any medical condition (including severe allergies) or take any medication? ☐ Yes ☐ No

If YES, please describe: _____

Does the student have a perceived or documented learning disability, physical handicap, social integration difficulty, behavioural concern or history of criminal behaviour? ☐ Yes ☐ No

If YES, please describe: _____

Name of family doctor: _____ Phone: _____ City/Country: _____

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SURVEY

How did you hear about City Vancouver Academy?

☐ Friend/Relative ☐ Newspaper/Magazine: Name _____ ☐ School Website

☐ Internet (e.g. Google search) ☐ Other: _____ ☐ Agent / Agency / School

AGENCY/AGENT/SCHOOL (*if applicable*)

Name of Agent/Agency/School _____ Contact Person _____

Address of Agent _____ City _____ Province _____ Country _____ Postal Code _____

Business Telephone _____ E-mail address _____

CHECKLIST

- ☐ Admission application form
- ☐ $300.00 application fee (non-refundable)
- ☐ Clear photocopy of passport
- ☐ Clear photocopy of Permanent Resident card
- ☐ Original or certified English translated transcripts for past 2 school years

City Vancouver Academy High School Graduation Program

HIGH SCHOOL PROGRAM PARTICIPATION AGREEMENT

Translated brochures and application forms are provided for the easy reference of applicants. City Vancouver Academy always follows the policies and definitions as stated in the English version of brochures and application forms.

City Vancouver Academy wishes to provide a challenging and exciting program to students. There are, however, certain expectations of students who are accepted into our program. These expectations include important obligations on the part of each student accepted to study at our schools, and we set a high standard in requiring all students to meet their obligations.

Each student and the custodian or parent(s) of each student that is accepted into City Vancouver Academy high school graduation program must read the following statement and must, by, signing it, agree to be bound by and to honour its terms strictly.

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1. Law, Rules and Regulations

We agree to abide by all laws of Canada, the rules, regulations and policies of City Vancouver Academy which include those pertaining to attendance, homework and behaviour. In particular, understand that the unlawful use of drugs will not be tolerated and that alcohol use is also forbidden in all circumstances. City Vancouver Academy has a firm policy of dismissing students who violate drug and alcohol rules.

Students must also show the following:

- Student must demonstrate functional literacy in English
- Student must attend school on a regular basis. Absences must be satisfactorily explained
- Student is expected to complete all homework and assignments and to use English as the primary language during the program
- Student must provide proof of a current Study Permit

2. Educational Needs

We agree that City Vancouver Academy reserves the right to:

- Make educational decisions, including placement and program decisions, in the best interests of students and within available resources;
- Withdraw the student from the program if the student's educational needs are greater than disclosed on the application; and
- Withdraw the student from the program if the student develops health concerns.
- Withdraw the student if the student is found to have special educational needs or social needs after enrolment at City Vancouver Academy

3. Custodian

We understand that international student aged 18 and younger are not permitted to live independently while enrolled in the program. We agree to appoint a custodian over 25 years of age who will take responsibility for my child and will ensure that his/her accommodation and other living necessities such as food, clothing and transportation are provided. Students must live with a responsible adult who is their custodian or their boarding parent.

4. Refund Policy for students New to City Vancouver Academy

In the event that an applicant cannot come to Canada or withdraws from City Vancouver Academy, the refund policy will apply. All requests for a refund must be made in writing. Please attach the original letter of acceptance and receipt with the request. All documents must be presented the school to process the refund.

- 50% of the tuition fee, if the student withdraws prior to the commencement of the semester
- 25% of the tuition fee, if the student withdraws any time between commencement and the end of the first calendar month of the program.
- No refund of the tuition fee if student withdraws after the first calendar month of the program

- No refund of tuition fee if the student is found to be in violation of school rules or the participation agreement on the application form.
- No refund of tuition fee for summer semester (July to August).
- No refund of tuition fee if student obtains the Student Permit by use of the school's Letter of Acceptance
- Students who become landed immigrants after tuition fees are paid will not be eligible for refunds other than as stated in the refund policy above.
- City Vancouver Academy (the school authority) must post financial guarantees no less than $100, 000 in accordance with the Bonding Act. As a bonded school, City Vancouver Academy provides peace of mind for parents and students, who are guaranteed that their tuition fees are safe and a full education will be provided to each and every student.

5. General Release

We, the undersigned, do waive and release all claims against City Vancouver Academy for the injury, loss, damage, accident, delay or expense resulting from the applicant's participation in the High School Graduation Program. We also release City Vancouver Academy and agree to indemnify them, with regard to any financial obligations or liabilities that the student may personally insure, or any damage or injury to the person or property of others that the applicant may cause while participating in to High School Graduation Program.

I have read the above and agree to fulfill all my obligations as set out. I also agree to the agreement and release clause.

Name of Student (Please Print)	Student Signature	Date

I/we, the parents/custodians of the student signing above ('our child'), have read all the above including the agreement and release clause and I/we agree that we will use our best efforts to ensure that our child honours all the obligations set out and we agree to be bound by the release and authorisations. We certify that the information on this form and attached records is complete, authentic and true. We understand that if this is not the case, this student will be withdrawn from the High School Graduation Program.

Name of Parent / Guardian (Please Print)	Parent's / Guardian's Signature	Date
Name of Parent / Guardian (Please Print)	Parent's / Guardian's Signature	Date

Please return the original application from (a total of 6 pages) with all required documents and your application fee to: *(Please keep a copy if this document for your reference.)*

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Telephone: (1)604-278-6811 E-mail: admin@cityvanacademy.ca Website: www.cityvanacademy.ca