

MHS Counselor's Name : \_\_\_\_\_

# STUDENT APPLICATION FORM

## HOW DID YOU HEAR ABOUT US?

- |  |   |
|--|---|
| <input type="checkbox"/> Friend/Relative     | <input type="checkbox"/> WeChat             |
| <input type="checkbox"/> Internet            | <input type="checkbox"/> Newspaper/Magazine |
| <input type="checkbox"/> Agent/Agency/School |   |
| _____  |   |
| <input type="checkbox"/> Others _____        |   |

**PLEASE PRINT CLEARLY IN ENGLISH.** Translated brochures and application forms are provided for applicants' convenience, however, in case of discrepancy the English versions shall prevail.

### I. APPLICATION DOCUMENTS REQUIRED

*I am a(n).....*

<input type="checkbox"/> <b>INTERNATIONAL STUDENT</b>	<b>(DOMESTIC STUDENT)</b> <input type="checkbox"/> <b>PR</b> <input type="checkbox"/> <b>CITIZEN</b>
<input type="checkbox"/> APPLICATION FEE (200 CAD, NON-REFUNDABLE) <input type="checkbox"/> APPLICATION FORM <input type="checkbox"/> COPY OF VALID STUDY PERMIT <input type="checkbox"/> COPY OF PASSPORT – PHOTO PAGE <input type="checkbox"/> COPY OF VALID CANADIAN VISA <input type="checkbox"/> COPY OF MSP CARD (FRONT & BACK) <input type="checkbox"/> NEEDS TO APPLY/RENEW/REPLACE MSP CARD: <a href="#">APPLICATION FOR GROUP ENROLMENT FORM (HLTH 167)</a> <input type="checkbox"/> IMMUNIZATION RECORDS <input type="checkbox"/> <19 YEARS OLD: COPY OF NOTARIZED CUSTODIANSHIP DECLARATION FORM (FRONT & BACK). (IMM5646)	<input type="checkbox"/> APPLICATION FEE (200 CAD, NON-REFUNDABLE) <input type="checkbox"/> APPLICATION FORM <input type="checkbox"/> COPY OF CANADIAN PASSPORT PHOTO PAGE <b>OR</b> CITIZENSHIP CARD <b>OR</b> PR CARD <input type="checkbox"/> <b>PERMANENT RESIDENT:</b> COPY OF HOME COUNTRY PASSPORT PHOTO PAGE <input type="checkbox"/> COPY OF MSP CARD (FRONT & BACK) <input type="checkbox"/> IMMUNIZATION RECORDS <input type="checkbox"/> <19 YEARS OLD : COPY OF 1) NOTARIZED CUSTODIANSHIP DECLARATION (IMM5646) FORM <b>OR</b> 2) PARENT'S CANADIAN PASSPORT PHOTO PAGE / CITIZENSHIP CARD / PR CARD

### 2. STUDENT INFORMATION

SEMESTER REPORT TO MAPLE HILL SCHOOL:

- Year: 20\_\_\_\_\_
- Semester:  September     January     May     July

LEGAL LAST NAME (ex.: Wang)	LEGAL FIRST NAME (ex.: Xiaoming)	USUAL FIRST NAME (ex.: Bob)
DATE OF BIRTH YYYY - MM - DD	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	PEN # (IF APPLICABLE)
NATIONALITY	CELL PHONE #	WECHAT ID
PRIMARY EMAIL		ALTERNATIVE EMAIL
BC RESIDENTIAL ADDRESS	STREET ADDRESS	
	CITY	PROVINCE BC
	POSTAL CODE	

### 3. PARENTS INFORMATION

FATHER	LAST NAME	FIRST NAME
	CELL PHONE #	EMAIL

<b>MOTHER</b>	<b>LAST NAME</b>		<b>FIRST NAME</b>	
	<b>CELL PHONE #</b>		<b>EMAIL</b>	
<b>CURRENT RESIDENTIAL ADDRESS</b>	<b>STREET ADDRESS</b>		<b>HOME PHONE #</b>	
	<b>CITY</b>	<b>PROVINCE</b>	<b>COUNTRY</b>	<b>POSTAL CODE</b>

#### 4. EDUCATION HISTORY

List the name(s) and location(s) of most recent school (s) attended

NAME OF SCHOOL	CITY, COUNTRY	FROM	TO	GRADE(S) COMPLETED
		Y Y Y Y - M M	Y Y Y Y - M M	
NAME OF SCHOOL	CITY, COUNTRY	FROM	TO	GRADE(S) COMPLETED
		Y Y Y Y - M M	Y Y Y Y - M M	

#### 5. MEDICAL HEALTH INFORMATION

##### MEDICAL SERVICES PLAN (MSP)

All students with special needs must be assessed before their placement is determined.

**STUDENTS MUST HAVE MEDICAL INSURANCE WHILE STUDYING AT MAPLE HILL SCHOOL (MSP, private medical insurance, or a combination of both).**

Maple Hill School can assist with applying and/or renewing BC's Medical Service Plan (MSP) on behalf of its students upon receiving their [Application for Group Enrolment form \(HLTH 167\)](#) and other applicable documents (ex. study permit).

• **Mandatory Private Medical Insurance before MSP Coverage Becomes Available to the Student:**

- **New and Returning BC Residents:** New and returning BC residents may be eligible for MSP after residing in BC for over 3 months and must purchase private medical insurance during this waiting period (130.50 CAD for 90 days if purchased through Maple Hill School). Students are advised to submit their MSP application form themselves or to us as soon as they arrive in BC to ensure that their MSP coverage will start after their private insurance expires.
- **MSP Renewals:** 45 days of private medical insurance during this waiting period is required (65.25 CAD for 45 days if purchased through Maple Hill School) before MSP card is received in the mail.

• **International Student Health Fee:**

- International students are subject to *International Student Health Fee*. A monthly invoice from Revenue Services of British Columbia (RSBC) will be mailed to the address on file with the MSP system. **Students hold the billing responsibility for their accounts and must remit payments themselves to ensure they continue to have access to MSP coverage.**
  - Effective September 2019: 37.50 CAD/month
  - Effective January 2020: 75.00 CAD/month

• **Have you had MSP coverage previously?**

Yes

- **MSP CARD #:** \_\_\_\_\_
- **MSP CARD EXPIRY DATE:** YYYY-MM-DD

- If your MSP card is expiring soon or has expired please submit the [Application for Group Enrolment Form \(HLTH 167\)](#) along with your applicable documents (ex. study permit).

No 否

- Please submit the [Application for Group Enrolment Form \(HLTH 167\)](#) along with your applicable documents (ex. study permit).



##### FAMILY DOCTOR

<input type="checkbox"/> I have a family doctor <input type="checkbox"/> I don't have a family doctor	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE #</b>
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### SPECIAL MEDICAL CONDITIONS

- **Does the student have special medical conditions (including severe allergies) or take any medication?**
  - Yes – Please describe: \_\_\_\_\_
  - No
- **Does the student have a perceived or documented learning disability, physical handicap, social integration difficulty, behavioral concern or a history of criminal behavior?**
  - Yes – Please describe: \_\_\_\_\_
  - No

### 6. EMERGENCY CONTACT

<input type="checkbox"/> I am < 19 years old : <p style="text-align: center;"><b>APPOINTED LEGAL CUSTODIAN</b>  <i>(Maple Hill School will list legal custodian as the students' emergency contacts)</i></p>	<input type="checkbox"/> I am ≥ 19 years old: <p style="text-align: center;"><b>EMERGENCY CONTACT:</b></p>
	
<input type="checkbox"/> I request Maple Hill School appoint a custodian for myself.	
<input type="checkbox"/> I already have a local custodian <i>(information provided below should be consistent with the custodian declaration form)</i>	
	

LAST NAME	FIRST NAME	RELATIONSHIP TO THE STUDENT
HOME PHONE #	CELL PHONE #	EMAIL
<b>B.C. RESIDENTIAL ADDRESS</b>	STREET ADDRESS	
	CITY	PROVINCE BC
		POSTAL CODE

### 7. PARENT/CUSTODIAN CONSENT

**FIELD TRIPS & VOLUNTEERING ACTIVITIES**  
I give my child permission to attend all school-organized field trips and volunteering activities.

**LEAVING THE CAMPUS DURING LUNCH TIME**  
I give my child permission to leave the school campus during lunch break if he/she chooses to do so. I understand that during this absence from the campus there will be limited or no supervision. Students are cautioned by Maple Hill School to stay in groups and to refrain from placing themselves at risk.

**RELEASE OF INFORMATION**  
I give permission for my child's name, photograph and video to be used by Maple Hill School for education and/or promotional purposes.

**DUTIES AND RESPONSIBILITIES**  
I waive and release all claims against Maple Hill School for the injury, loss, damage, accident, delay or expense resulting from my child's participation in the High School Graduation Program. I also release Maple Hill School and agree to indemnify them, with regard to any financial obligations or liabilities that the student may personally incur, or any damage or injury to the person or property of others that my child may cause while participating in the High School Graduation Program.

**USER AGREEMENT FOR INTERNET ACCEPTABLE USAGE AND E-SAFETY**  
As the parent/custodian of the student, I understand that internet access at Maple Hill School is designed for educational purposes. Maple Hill School has taken reasonable steps to control access to the Internet, but cannot guarantee that all controversial information will be inaccessible to student users. I agree that I will not hold Maple Hill School responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission for my child to use network resources, including the Internet that are available through Maple Hill School. Should the student commit any violation, his/her access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be initiated.

**General Responsibilities:**

- Bandwidth to the Internet is a shared, finite resource. Users must make reasonable efforts to use resources in ways that do not negatively affect others' access at the school.
- Users should not use the school's internet to commit a crime or any action that is reasonably assumed to be inappropriate for the school setting.
- Users are responsible for taking reasonable measure to protect their identity and access to their private information while using the school's internet.
- The School is not responsible for any consequential loss or damage of personal property from using its internet services

- Users should not share information such as passwords, bank account information, credit card information, SIN or other copies of government identification over the internet.
- Users should be aware of common methods of fraud over the internet such as phishing, malware or accepting money on behalf of other people.
- Users should exercise extreme caution if intending to meet in person anyone they know from the internet.

**Prohibited Activities:**

The activities that are strictly prohibited include, but are not limited to:

- Acquisition, storage, and dissemination of data which is illegal, pornographic, or which negatively depicts race, sex or creed.
- The use of services for business reasons outside the scope of the school.
- Engaging in fraudulent activities, or knowingly disseminating false or otherwise libelous materials.
- Misusing, disclosing without proper authorization, or altering personnel information.
- Any conduct that would constitute or encourage a criminal offense, lead to civil liability, or otherwise violate any regulations, local, national or international.
- Use, transmission, duplication, or voluntary receipt of material that infringes on the copyrights, trademarks, patent rights of any person or organization. 使
- Transmission of any confidential, or otherwise sensitive information without authorization.
- Engaging in gambling of any kind.
- Unauthorized downloading of any programs or files to school technology.
- Any ordering (shopping) of items or services on the internet.
- Playing of games on school technology.
- Act against your own and others' privacy by distributing or using anyone else's account name and password or reveal anyone else's personal address, phone number, or picture without their consent.
- Bullying by using information and communication technologies (cyberbullying).

## 8. REFUND POLICY

In the event that an applicant cannot come to Canada or is withdrawn from Maple Hill School, the following refund policy will apply. All requests for a refund must be made in writing with the Refund Request Form and other relevant documents attached. All documents must be presented to the school to process the refund.

A full refund, barring the application fee and administration fee of CAD \$300, is available if a study permit is not approved by Immigration Canada (Students must include the letter of rejection from the Canadian Embassy).

For all semesters, barring the CAD \$200 non-refundable application fee and a full refund of the CAD \$700 deposit, two thirds (2/3) of all other fees pre-paid to the school will be refunded if the student withdraws prior to the commencement of the program.

For long semesters (Fall/Winter), barring the CAD \$200 non-refundable application fee and a full refund of the CAD \$700 deposit, one half (1/2) of all other fees pre-paid to the school will be refunded if the student withdraws any time between commencement and the end of the first calendar month of the program.

For long semesters (Fall/Winter), except a full refund of the CAD \$700 deposit, NO refund of any other fees is available if the student withdraws after the first calendar month of the program.

For short semesters (Spring/Summer), except a full refund of the CAD \$700 deposit, NO refund of any other fees is available if the student withdraws after the commencement of the program.

No refund of the tuition fee is available if the student has requested and received a Letter of Acceptance from the school, unless a valid Visa Rejection Letter is provided.

No refund of the tuition fee is available if the student is found to be in violation of school rules or the agreements on the application form. Students who become local students after tuition fees are paid will not be eligible for refunds other than as stated in the refund policy above.

In case of sudden closure of school, all tuition fees and deposits will be reimbursed to students.

**9. MAPLE HILL SCHOOL CAREFREE AFTER-SCHOOL STUDENT SERVICE**

Maple Hill School Carefree After-School Student Service is a personalized service program tailored to the needs of international students in the areas of accommodation, transportation, meals, tutoring, and social experience, etc. Details regarding the types and rates of the services available can be obtained from the front desk administration staff.

- **Would you like to sign up for the Carefree After-School Student Service offered by Maple Hill School?**
  - Yes
  - No

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

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Student's Signature

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Date

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

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Parent/Custodian's Signature

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Date