

Application Form

shsh.ca

Copy of birth certificate and passport are required with all applications for junior and senior primary.

Full Name of Applicant: _____

Male

Female

Date of Birth: _____

/ /

Present Age: _____

For what grade: _____

For what year: _____

(Month / Day / Year)

School(s) previously attended, and time spent in each:

Siblings who already attend Sacred Heart School of Halifax:

<i>(Please circle one)</i>	Mother/Guardian	Ms.	Mrs.	Dr.	Father/Guardian	Mr.	Dr.
Surname							
First Name							
Street Address							
City							
Province							
Postal Code							
Phone	<i>(Home)</i>		<i>(Office)</i>		<i>(Home)</i>		<i>(Office)</i>
Email							
Student lives with <i>(please check)</i>							

Parent Birth Date: _____

(Month / Day / Year)

(Month / Day / Year)

Date: _____

(Month / Day / Year)

Signature: _____

(Parent / Guardian)

What is your level of English:

Beginner

Intermediate

Advanced

Student Information for Application Form

Does your child have an identified, diagnosed learning difficulty: Yes No

If yes, please explain:

What other information about your child would be helpful to know?

Student general state of health:

Allergies, health matters, about which the school should know:

Medical Insurance

Medical Insurance is mandatory in Canada. Will you require Medical Insurance through www.guard.me?

Yes No If no, provide name of health care insurance company (copy of policy required):

How did you find out about Sacred Heart School of Halifax?

Agent Advertisement Website Student Fair Other (explain):

Procedure for Fee Payment

Tuition Fees: must be paid in full by July 1

Homestay Fee: must be paid in full by July 1

Medical Insurance: must be applied for and paid in full before arrival in Canada

Fee Payment Methods

Bank Transfer: Please contact Marie Reyes at mreyes@shsh.ca

OR

Bank or Money Order: Directly to Sacred Heart School of Halifax for tuition fees and Homestay fee

(along with a copy of your student visa application form)

OR

Arrange for your agent to have the funds submitted directly to the Sacred Heart School of Halifax Account

HOMESTAY PROGRAM APPLICATION

Homestay Application

1. Student Information

Gender: Male Female

Family Name _____

English Name (optional) _____

Given Name _____

Nationality _____

First Language _____

Check off the adjectives that best describe you

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Curious | <input type="checkbox"/> Active | <input type="checkbox"/> Sophisticated |
| <input type="checkbox"/> Messy | <input type="checkbox"/> Organized | <input type="checkbox"/> Competitive |
| <input type="checkbox"/> Open-minded | <input type="checkbox"/> Serious | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Cautious | <input type="checkbox"/> Talkative | <input type="checkbox"/> Family-oriented |
| <input type="checkbox"/> Humorous | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Adventurous |
| <input type="checkbox"/> Neat | <input type="checkbox"/> Independent | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Quiet | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Nature-loving | <input type="checkbox"/> Outgoing | |

Have you ever been to Canada? Yes No

Have you ever travelled abroad on your own? Yes No

Are there food products you can't consume? Yes No

Specify:

Do you have any medical conditions? Yes No

Specify:

Do you like participating in sporting activities? Yes No

Is regular church attendance important to you? Yes No

If yes, specify denomination:

Do you have special requirements that your Homestay family should be aware of? Yes No

Specify:

Do you know how to use a computer? Yes No

Have you ever lived away from home before? Yes No

Do you smoke? Yes No

Do you like pets (cat/dog)? Yes No

Any special considerations regarding Homestay? Yes No

Specify:

2. Host Family Structure

What are your home preferences (Please note, your choices cannot be guaranteed):

- | | | |
|-----------------|------------------------------|-----------------------------|
| Young children | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Teenagers | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Another student | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Single parent | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Pets | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you answered no to any of the above please explain:

3. Message to Host Family

On a separate sheet of paper please attach a message to your host family telling them about yourself, and include some photos of yourself.

4. Your Family Members

Also on a separate sheet, list the names of the other members of your family, their relationship to you, their age, and occupation.

Check adjectives that best describe your family's lifestyle:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Strict | <input type="checkbox"/> Home-oriented | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Casual | <input type="checkbox"/> Independent | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Social | <input type="checkbox"/> Academic | <input type="checkbox"/> Other: |
| <input type="checkbox"/> International | <input type="checkbox"/> Modern | |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Religious | |
| <input type="checkbox"/> Active | <input type="checkbox"/> Sophisticated | |
| <input type="checkbox"/> Artistic | <input type="checkbox"/> Traditional | |