

# **APPLICATION FORM**

groups@bodwell.edu | 📞 1-604-998-1000 | 🖨 1-604-998-1150 | bodwell.edu

|  | STUDENT PERSONAL INFORMATION |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
|--|------------------------------|---------------|-----------------|--------------------|----------------|--------------|--|---|-----------------------|-----------------------|------------|---------|----------------------------|----------------------------|----------|------------------|------|--|
| Family Name / Surname                                      |                              |               |                 |                    |                |              |  | Given Name Engl                                 |                       |                       |            |         |                            | glish Name (if applicable) |          |                  |      |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
| Sex Date of Birth (yyyy/mm/dd)                             |                              |               |                 | 1)                 | First Language |              |  | Citizenship                                     |                       |                       |            | Phone   |                            |                            |          |                  |      |  |
| М  | VI F                         |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
|  |                              |               |                 |                    |                |              | Add  | lress   |                       |                       |            |         |                            |                            |          |                  |      |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
| City Pr  |                              |               |                 |                    |                |              | vince / State                                      |   |                       | Country               |            |         | Postal / Zip Code          |                            |          |                  | Code |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
| FAMILY INFORMATION (Parent / Guardian 1)                   |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
| Family Name / Surname                                      |                              |               |                 |                    |                |              | Gi   |   |                       | iiven Name            |            |         | Date of Birth (yyyy/mm/dd) |                            |          |                  |      |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
|  |                              | Address (if a | lent)           |                    | City Pr        |              |  | Pro   | vince / State Country |                       |            |         |                            |                            |          |                  |      |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
| Postal / Zip Code  |                              |               | de Ho           | Home Phone         |                |              | Work Phone   |   |                       | Mobile Phone          |            | 9       |                            | Email                      |          |                  |      |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
| FAMILY INFORMATION (Parent / Guardian 2)                   |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
|  |                              |               | Family Name /   | Surname            |                |              |  | Given Name Da                                   |                       |                       |            |         | Date of                    | te of Birth (yyyy/mm/dd)   |          |                  |      |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
| Address (if different from student)                        |                              |               |                 |                    |                |              |  | City Province / Stat                            |                       |                       | tate       | Country |                            |                            |          |                  |      |  |
|  |                              |               |                 | _                  |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
| Postal / Zip Code  |                              |               | de Ho           | Home Phone         |                |              | Work Phone   |   |                       | Mobile Phone          |            |         | Email                      |                            |          |                  |      |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
|  |                              |               |                 |                    |                | STUDENT      | MEDIC  | AL IN   | FORM                  | MATION                |            |         |                            |                            |          |                  |      |  |
|  |                              |               |                 | Any co             | onditio        | ons which ma | y require  | specia  | al care?              | ? (Check all          | that apply | ')      |                            |                            |          |                  |      |  |
| Severe   | Severe Asthma                |               |                 | Seizure / Epilepsy |                |              | Diabetes   |   |                       | Serious Allergy Other |            |         | (Specify):                 |                            |          |                  |      |  |
|  | Ind                          | icate a       | ny further medi | cal condition      | ons to         | be aware of  | Specify medication taken                           |   |                       |                       |            |         |                            |                            |          |                  |      |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
|  |                              |               | Specify a       | ny allergie        | S              |              |  | Specify any dietary requirements                |                       |                       |            |         |                            |                            |          |                  |      |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
|  |                              |               |                 |                    | S              | TUDENT A     | CADEN  | AIC IN  | NFOR                  | MATION                |            |         |                            |                            |          |                  |      |  |
|  |                              |               | Current School  | ol Name            |                |              |  | School Address                                  |                       |                       |            |         |                            |                            |          | Current<br>Grade |      |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            | <u> </u> | rade             |      |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
|  |                              |               |                 |                    |                |              |  |   |                       |                       |            |         |                            |                            |          |                  |      |  |
| What is your English Level? (1 being none, 5 being fluent) |                              |               |                 |                    |                |              |  | In addition to APP, do you intend to enroll at: |                       |                       |            |         |                            |                            | Yes      |                  | No   |  |
|  |                              | 1 4           |                 |                    |                |              | Bodwell's University Summer Programs (before APP)? |   |                       |                       |            |         |                            |                            |          |                  |      |  |
|  |                              | 2 5           |                 |                    |                |              |  | Bodwell High School (Fall 2018)?                |                       |                       |            |         |                            |                            |          |                  |      |  |
|  | 3                            |               |                 |                    |                |              |  | Bodwell High School (after Fall 2018)?          |                       |                       |            |         |                            |                            |          |                  |      |  |



## **APPLICATION FORM**

groups@bodwell.edu | 📞 1-604-998-1000 | 🖶 1-604-998-1150 | bodwell.edu

#### **PROGRAM SELECTION**

AUGUST 5 – 25, 2018
Term for APP only students

AUGUST 5 – SEPTEMBER 1, 2018

Term for APP students attending Bodwell for Fall 2018

3 WEEK FEE: \$3,950 CAD

4 WEEK FEE: \$4,600 CAD

#### **AGENCY INFORMATION** (If applicable)

**Agent Name** 

**Agency Contact Name** 

#### **ADMISSIONS**

## APPLICATION & PAYMENT DEADLINE: JULY 1, 2018

PROGRAM FEE INCLUDES: Registration Fee of \$200 (non-refundable), Custodianship Letter (as applicable), Academic Preparation Classes & Excursions, Dormitory Accommodation (from the program arrival date to the program departure date)\*, Meals (3 per day plus an evening snack), Medical Insurance (for the program duration), Transportation (airport transfers both ways, to and from outings), Classes, Activities, Outings, Report Card, Certificate of Completion.

\* Additional days will be charged at \$150 per day, if available. Students attending other Bodwell programs that connect with the Academic Preparation Program will not be billed for the 1 night between programs.

PROGRAM FEE EXCLUDES: Flight to and from Vancouver, Unaccompanied Minor Service Fee (if applicable), Personal Spending Money, Damage Deposit of \$200 (refundable)\*.

\* Applicable for APP only students. Collected upon arrival to the program and returned upon departure if no damage has incurred.

CANCELLATIONS: A \$200 non-refundable registration fee is included in all program fees and will be deducted before any refunds are issued. All cancellations require written notice submitted to Bodwell. No fees will be refunded after July 15, 2018.

#### Refunds:

Cancel by July 1 100% refund Cancel by July 15 50% refund

## **PAYMENT OPTIONS**

US funds are accepted at the daily exchange rate on the date of payment. Please ensure that the student's full name is clearly indicated on the payment.

## 1. WIRE TRANSFER

Account Name: Bodwell College Account No. 108-750-1 ABA No. 021-000021 Swift Code: ROYCCAT2 Bank No. 003 Transit No. 04000 Bank Address: Royal Bank of Canada 1789 Lonsdale Ave North Vancouver, BC Canada V7M 216

### 2. CHEQUE OR BANK DRAFT

Payable to: Bodwell College Mailed to: Academic Preparation Program 955 Harbourside Drive North Vancouver, BC Canada V7P 3S4

### 3. CREDIT CARD

An additional 3.5% bank charge is applicable for credit card payments. Visa and MasterCard accepted.

#### 4. CASH OR TRAVELLER'S CHEQUE

These payments must be personally delivered to the Academic Preparation Program.

#### **RULES & REGULATIONS**

#### PARTICIPANTS MUST ADHERE TO THE FOLLOWING RULES AND REGULATIONS:

- Follow the schedules and programs arranged by Bodwell College. Permission to be absent will be granted by Bodwell in the event of sickness, injury or acceptable personal matters.
- Boys are not allowed to be in the girls' residences and girls are not allowed to be in boys' residences. Students can meet in supervised communal areas only.
- 3. Follow the curfew time of 10:30pm.
- ${\it 4. Clean up after yourself at all times when using bathrooms, student lounges, the cafeteria, and the gymnasium, etc.}\\$
- 5. Be on time to meet with your teacher and counselor at the meeting poles with the times that have been assigned. Your teacher and counselor must know where you are at all times.
- 6. Illegal substances, smoking, alcohol, gambling and weapons are not permitted in any circumstances.
- 7. Any act or behaviour that jeopardizes the safety and well-being of other students or staff, will not be tolerated.
- Physical and verbal bullying is hurtful, and can prevent a student from enjoying the program. Any bullying will be addressed and stopped immediately.
- Any bunying win be addressed and stopped immediately.
  9. Mean, hurtful, or threatening comments or gestures directed at other students, teachers or staff will not tolerated.
- Any public display of affection between students must be keep appropriate and at a minimum at all times.
- 11. Upon arrival, a \$200 damage deposit will be submitted to Bodwell (if applicable). This deposit will be returned at the end of the program if there is no intentional damage to the facilities, no lost keys and no outstanding fees.
- 12. In Canada, it is illegal to pull the fire alarm in non-emergency situations. If you pull a fire alarm as a mischievous act and in non-emergency situations you will forfeit your \$200 damage deposit.

## PARENTAL AUTHORIZATION

I acknowledge that this application form has been answered as accurately and truthfully as possible and to the best of my ability. I have read the program schedules in the Academic Preparation Program's brochure and consent to my child's participation in all activities. Should additional activities outside of the program schedules which are reasonably considered to have a greater safety concern be scheduled, I understand that I will be advised in advance and that my consent will be sought. I authorize Bodwell College for the usage of any photography/ media obtained of my child as a participant in the program for advertising purposes. In the event of an accident or illness requiring medical intervention, I understand that program personnel will attempt to contact me. In the event that I cannot be contacted within a reasonable time, or in the event of a medical emergency requiring immediate intervention as determined by qualified medical personnel, I hereby authorize the program managers or designate to authorize such procedures, including admission to hospital, and treatment as recommended by a qualified medical personnel. My child has no mental or physical limitations that would prevent their full participation in the program schedules. I understand that if my child does not follow the above program rules and regulations, or acts in a way that jeopardizes the safety and well-being of other students or staff, they will face disciplinary action. Depending on the severity of the infraction, students will be given warnings and different consequences at the program managers' discretion. Bodwell College reserves the right to dismiss students from the program without any refund of fees. In such instances, I agree to immediately make the earliest possible flight arrangements for my child to return home. I, the Parent/

Parent / Guardian Signature Date of Application