



Lighthouse Christian Academy

1289 Parkdale Drive, Victoria, B.C. V9B 4G9, Phone 474-5311, Fax 474-5021

2017-2018 International Student Application

Student Information

Surname (Family Name): _____

Given Names (as shown on passport): _____

Gender Male Female

Birthdate: _____ Grade you are entering: _____

Student's Mailing Address (home country)

Street Address: _____ Postal Code: _____

City: _____ Country: _____

- I will be staying with my parents while in Canada
 Other _____

Family Information

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Address (if different from student):

Telephone: _____ Fax: _____

Father's Email: _____ Birthdate: _____

Mother's Email: _____ Birthdate: _____

Emergency Contact Person in Home Country

Name: _____ Telephone: _____

Email: _____

Local Contact Person (if available) for student in Canada

Name: _____ **Relationship:** _____

Address: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Medical Information

Is your child able to participate in a full Physical Education Program? Yes No

*Please note – some form of participation in a PE class is compulsory for graduation.

Does your child have any of the following?

- Allergies Diabetes Heart Condition
- Asthma Epilepsy Vision Problem
- Hearing Problem Other

Briefly explain above condition(s):

Name of Family Doctor: (if available) _____

BC Care Card Number: (if available) _____

Academic Information

Schools Attended – please list the last two schools, starting with the most recent.

School, Grade(s), Location, Dates of Attendance

Has the student repeated any grades? Yes No

If yes, please indicate: Grade _____ Year _____

Does the student have any academic problems? Yes No

If so, please supply details. *(This will help us to establish whether, and how, we can meet the student's needs)*

Does the student have, or has he/she experienced any social problems? (Explain)

Please list the student's interests and hobbies (eg. soccer, piano, stamp collecting)

Is there anything else you wish to let the school know?

Please attach all original plus officially translated copies of transcripts and/or report cards for the past two years.

The mission of Lighthouse Christian Academy (LCA) is "to develop a daily walk with God, high moral standards, and achieving our personal best". A successful experience partially depends on the student making his/her best effort in every area of school life. LCA reserves the right to dismiss students and return them home, at the parent's expense, without tuition refund, for serious violation of the school rules and/or the student expectations agreements.

Please sign in the space provided below to indicate that your support:

I _____, the parent of _____ understand that my child will,

- be expected to become part of the spiritual traditions of the home stay family; for example, attend church weekly, daily family prayer and/or devotions
- possibly be required to attend the after school tutoring sessions provided by the school, and
- abide by all LCA policies and procedures.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Document Checklist (Please ensure that all the required information is enclosed with your application)

- Completed Application Form
- Copy of passport and current student visa (if available)
- Original and officially translated copies of transcripts and/or report cards for the past 2 years.
- Registration fee (\$350.00 non-refundable) payable to Lighthouse Christian Academy.

Please mail your completed application and registration fee to:

International Education Program
Lighthouse Christian Academy
1289 Parkdale Drive
Victoria, BC V9B 4G9 Canada