SCHOOL DISTRICT **SUMMER ENGLISH & CULTURE 2024**

INDEPENDENT STUDENT PROGRAM INFORMATION

Dates: July 8 to August 9, 2024 Ages: 10 to 18 years old

Program includes:

- English Language Learning classes taught by BC Government certified teachers
- Activities experiencing Canadian culture (optional)
- Medical insurance

REGISTRATION PROCESS

- 1. Submit the online application form by May 15, 2024. Application will be available starting February 15, 2024.
- 2. Pay program fee by May 31, 2024.
- 3. Receive Letter of Acceptance.

PRICES

All prices include \$150 application fee and medical insurance.

| | ESL Only | ESL + Activities |
|---------|-------------|------------------|
| 1 Week | \$620 CDN | \$1,415 CDN |
| 2 Weeks | \$1,090 CDN | \$2,400 CDN |
| 3 Weeks | \$1,560 CDN | \$3,525 CDN |
| 4 Weeks | \$2,030 CDN | \$4,660 CDN |

Program weeks with insufficient enrollment may be cancelled. In the event of a cancellation due to insufficient enrollment, students will be offered alternate program dates or a full refund.

PRICES ABOVE ARE SUBJECT TO CHANGE.









REFUND POLICY

- FULL REFUND less application and homestay placement fee will be granted if Immigration, Refugees, and Citizenship Canada does not approve a student Study Permit. Appropriate documentation from IRCC must be provided.
- 50% REFUND will be granted if program is cancelled for any reason 30 days or more before the commencement of the program.
- 50% REFUND will be granted if program is cancelled 30 days or less before the commencement of the program due to border restrictions and/or travel bans from the Canadian government. Cancellations for any other reason less than 30 days before the program start date are not eligible for any refund.
- **NO REFUND** will be granted less than 30 days before program start date except as noted above. This includes students who are dismissed from the program due to a breach of the law, policy or regulation as determined by the Government of Canada, the police, School District No. 43 (Coquitlam), and/or the International Education Program.
- All refund requests must be made in writing to the International Education Department, School District No. 43 (Coquitlam).

TERMS OF AGREEMENT

I understand that a successful experience in the International Education program of School District No. 43 (Coquitlam) depends upon regular class attendance, completion of all homework and assignments, and participation in all activities offered by the program. I understand that my child's photo will be taken throughout the program for educational purposes and that the photos may be used for educational advertisements in the future. I understand that my child's basic personal information will be shared with Guard.me for the purpose of providing the medical insurance required to be a part of the program. I hereby consent, on behalf of my child, to have their basic personal information shared and I understand that my child's information might be stored in, or accessed from, a location outside of Canada.

I acknowledge that the International Education program of School District No. 43 (Coquitlam) reserves the right to dismiss students and return them home, at their own expense, without any refund of the program fee for violating school rules, the district code of conduct, and/or the laws of BC and/or Canada. I therefore agree to uphold the rules and regulations, and cooperate with administrators, teachers, and the students of School District No. 43 (Coquitlam). I understand and acknowledge that failure to disclose any information regarding the applicant's ability to be successful in the program may result in the removal of the student from the International Education program, without refund. I have read and understood the refund policy in full and consent to all terms within it.



| It is a fundamental condition of the Board of Schoothe Board shall not be liable for losses or expenses provide education owing to labour disputes or other | |
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| By signing the declaration below, I confirm that I had contained within this application and agree to abid | |
| allowed to participate in full range of activities that | , request that my child be will take place during the Coquitlam School District's uitlam School District the right to sign activity waiver behalf. |
| Parent's Signature | Parent's Name |
| Student's Signature | Student's Name |
| Date | |



