



## St. John Brebeuf Regional Secondary School

2747 Townline Road, Abbotsford, B.C., V2T 5E1

Telephone: (604) 855-0571 Fax: (604) 855-0572

E-mail: [office@stjohnbrebeuf.ca](mailto:office@stjohnbrebeuf.ca)

2024 ~ 2025

### INTERNATIONAL STUDENT PROGRAM

#### *APPLICATION PROCEDURE*

**WELCOME** to St. John Brebeuf Regional Secondary School.

Our International School Program has been a great success, and we have been very fortunate to have students from around the world attend our school. We appreciate the many contributions our international students make towards our school.

St. John Brebeuf offers a fully accredited Grade 8 - Grade 12 curriculum as defined by the Ministry of Education of the Province of British Columbia and the Catholic Independent Schools of Vancouver Archdiocese.

To apply for admission to St. John Brebeuf Regional Secondary School, international students must submit the following:

- ❖ **Application Form** completed and signed by both parent and student
- ❖ **Terms and Conditions for International Visa Students** reviewed and signed by student and parent or guardian
- ❖ **Student Information Questionnaire** completed and signed by parent
- ❖ **Report Card** of last grade attended translated into English
- ❖ **Complete Record** of all senior school courses and marks
- ❖ **Application Fee** of \$125 (non-refundable)

Upon acceptance and receipt of the above documents, a personalized registration package will be issued to the applicant. When we receive the completed registration package and the \$1,000 tuition deposit, a 'Letter of Acceptance' for application of a 'study permit' (student visa) will be issued. (This tuition deposit is refundable according to the terms of our refund policy, if Canadian Immigration does not approve the international student authorization.)

Please contact us if you have any questions about our school. Additional information is also available at [www.stjohnbrebeuf.ca](http://www.stjohnbrebeuf.ca). We look forward to providing your son or daughter with an extensive and enjoyable education.

Thank you for your interest in St. John Brebeuf Regional Secondary School.



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## Terms and Conditions for International Visa Students

### **1. Homestay**

While attending St. John Brebeuf School, students must reside with an English speaking family, preferably from the school or church community. The students should be prepared to pay approximately \$1,000 per month for room and board. Students are also responsible for their own medical insurance.

### **2. Graduating or Auditing Program**

International students are enrolled in either a Graduating or an Auditing Program. Students must indicate their choice of program on the Application Form.

Students enrolled in a Graduating Program are expected to complete all work expected of a Canadian student. Students may be placed back a grade level to ensure they have acquired the necessary English skills and background knowledge for their senior courses. The decision will be made by the Administration once an assessment of the student's level of English proficiency has been completed.

Students enrolled in an Auditing Program are usually studying in Canada for one year and do not intend to graduate from St. John Brebeuf. Students in this program are placed at grade level and complete as much work as they are able. Auditing students may attend for a full school year or for only a portion.

### **3. Student Passport & Study Permit**

The student must bring his/her passport and study permit in on the first day of school and present them to office staff, so that a copy of each may be taken and kept on file.

### **4. Fees**

Application Fee	\$125 (non-refundable)
Full year attendance	\$20,650 tuition per year
Miscellaneous Fee	\$2,100 per year (if applicable)
Part year attendance	\$2,100 tuition per month or portion thereof

### **5. Payment Schedule**

Application Fee	\$125 due with application
Tuition Deposit	\$1,000 due with registration
Balance of Tuition	Due in full 10 weeks prior to first day of attendance at school or by arrangement

\*Additional costs include, but are not limited to, uniforms, gym strip, school supplies and special school field trips.





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## 6. International Visa Student Refund Policy

In the event that an applicant does not come to Canada or decides to leave St. John Brebeuf for any reason, a refund request must be made in writing. The following refund policy applies to all international students:

- a) Full refund, less Application Fee, if Canadian Immigration does not approve the international student authorization, prior to student's first day of attendance at St. John Brebeuf Regional Secondary School. (Student must include a letter of rejection from the High Commission).
- b) Full refund, less Application Fee and Tuition Deposit, if the student has been accepted and received their international student authorization, but withdraws prior to the scheduled admission date.
- c) One-half (1/2) of Tuition Fee if the student withdraws for any reason any time between commencement and the end of the first calendar month of the program.
- d) No refund of any fees if the student withdraws for any reason after the first calendar month of the program.
- e) No refund of any fees if the student is found to be in violation of school rules (i.e., chronic absenteeism, drinking alcohol, taking drugs, etc.).
- f) A student who receives landed Immigrant status mid year (Oct – June) will not receive a refund.

We hereby agree to the Terms and Conditions as outlined in this document. We also hereby agree to adhere to the policies and guidelines as documented in the Parent/Student Handbook of St. John Brebeuf Regional Secondary School.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## APPLICATION FOR ADMISSION – INTERNATIONAL STUDENT

2024-2025

Applying for:  2024 / 2025 Entire School Year (September 2024 to June 2025)  
(select one)

Short-term Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Enrolling in Grade \_\_\_\_\_ Select one:  Graduating Program or  Auditing only Program

### STUDENT INFORMATION

Surname \_\_\_\_\_ Given name(s) \_\_\_\_\_

Birth date \_\_\_\_\_ Citizenship: \_\_\_\_\_

Female Student Visa:  Desired  
 Male  Obtained

Grade Level Completed: \_\_\_\_\_ Years of English Studies: \_\_\_\_\_

Current School (name and address): \_\_\_\_\_

Is previous school an English Language School?  
 Yes  No

**PLEASE ATTACH COPY OF MOST RECENT REPORT CARD**

Previous travel: \_\_\_\_\_

### PARENTS' INFORMATION

Father's Surname: \_\_\_\_\_ Father's Given Name: \_\_\_\_\_

Mother's Surname: \_\_\_\_\_ Mother's Given Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

### GUARDIAN & AGENT/SPONSOR INFORMATION

Canadian Guardian's Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phones: \_\_\_\_\_

Agent: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

To the best of my knowledge, all information on this application is correct. If admitted to St. John Brebeuf Regional Secondary, I agree to abide by its policies and regulations. I have read, understood, and agree to the refund policy of the school.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Student Information Questionnaire

Student Name: \_\_\_\_\_

1. Does your child suffer from any medical illness?  NO  YES (If yes, explain)

\_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any special needs?  NO  YES (If yes, explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does your child have a history of medical, psychiatric or emotional difficulties?  
 NO  YES (If yes, explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has your child had a history of criminal behavior?  NO  YES (If yes, explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has your child received immunizations for Tetanus, Diphtheria, Pertussis or other Vaccines? If yes, please list them and the dates when they were received.

Note: Information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this personal information, please contact the Privacy Manager at 604-855-0571.

Parent / Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print)

Parent / Guardian Signature: \_\_\_\_\_