



INTERNATIONAL EDUCATION PROGRAM

Powell River School District 47

4351 Ontario Avenue, Powell River, British Columbia, Canada V8A 1V3
T - 604 414 2608 F - 604 485 6435 E - info@prschoools.net W - www.prschoools.net

POWELL RIVER INTERNATIONAL STUDENT APPLICATION

Date _____

Student _____

Surname (Family Name)

Given Name

Birthdate _____

Day

Month

Year

Male

Female

Address _____

Street

City

Province/State

Country

Postal Code

Telephone

Mother _____

Surname (Family Name)

Given Name

Mother Birthdate _____

Day

Month

Year

Telephone _____

Email _____

Father _____

Surname (Family Name)

Given Name

Father Birthdate _____

Day

Month

Year

Telephone _____

Email _____

Name and Location of current/ most recent school attended

Name of School

Location

I wish to Attend: Grade 7 Grade 8 Grade 9 Grade 10 Grade 11 Grade 12

For a Period of: 5 Months 1 Year 2 Years Longer

I wish to Graduate from a Canadian High School: Yes No

I wish to attend a Canadian University in the Future: Yes No

Language Spoken at Home _____ Other Languages _____

Activities/Sports/Subjects I Enjoy _____

I have the following Allergies/Health Concerns _____

I require/take the following medications _____

HOMESTAY PREFERENCES:

Single Parent Family with Children Family with No Children No Preference

I like Pets I prefer No Pets I prefer to live in Town I prefer a Rural setting

EMERGENCY CONTACT _____

Surname (Family Name)	Given Name	Relationship
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Address _____ Telephone _____

Street	City	
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Email _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

*Please submit application with most
RECENT Academic Transcripts/School Records to:*

BRIN BYMIN
Email to: **info@prschoools.net**
or fax to: **604 485 6435**
or mail to: **Brin Bymin, Director**
Powell River International Education
4351 Ontario Avenue
Powell River, British Columbia
Canada V8A 1V3

