

Summer/Winter Camp Application for Admission

Student Information

Family Name

Given Name

Middle Name

Street Address

City

Country

Postal Code

Date of Birth: Day / Month / Year

Parent Contact Information:

Gender: Male Female

Parent Name

My English skills are: Beginner Intermediate Advanced

Parent E-mail

Emergency Contact Information, in case we cannot reach your parents or agent

Name

Relationship to you

Home Telephone

Work Telephone

E-mail Address

Agency assisting with your application

Company

Contact Name

E-mail

Summer Camp Program:

I want to begin July August _____
Day / Year

I want to finish July August _____
Day / Year

Length of the Summer Camp Program: 2 Weeks 4 Weeks 6 Weeks

English Language (ESL) Academic Preparation Summer Program: 8 Weeks only/July and August

Winter Program:

I want to begin _____
Day / Month / Year

I want to finish _____
Day / Month / Year

Signatures

We hereby declare that all information provided on this application for admission is true.

Student Signature

Date

Parent Signature

Date

Please forward your application to:

Malaspina High School
900 Fifth Street
Nanaimo, B.C., Canada V9R 5S5
Phone: (250) 740-6317 / Fax: (250) 250-740-6470
E-mail: highschool@viu.ca / Web: www.viu.ca/highschool

Be sure to enclose the following:

- Copy of birth certificate or passport photo page
- Participation Agreement
- Student Profile
- \$150 Application Processing Fee

I wish to pay the Application Fee of \$150 by Credit Card (check here) VISA Master Card American Express

Credit Card number _____ Expiry Date _____ (month/year)

Name on the card _____ Signature of Card Holder _____