



# ABERDEEN HALL

PREPARATORY SCHOOL

## INTERNATIONAL STUDENT

Application for Admission

 Academy Way, Kelowna, BC V1V 3A4
  250.491.1270
  admissions@aberdeenhall.com

PLEASE complete and 'save as' to forward by email

Date of Application : \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade Applied for: \_\_\_\_\_

Note: *Minimum of Gr.11 and Gr. 12 must be completed at AHPS to graduate with high school diploma.*

Education Agency (if applicable): \_\_\_\_\_

Agent: \_\_\_\_\_

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

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

### Please include the following with your application:

- Completed application form
- CDN \$300.00 application fee (non-refundable)
- All transcripts, certificates or school records from current year and previous year (in English)
- IELTS/TOEFL results (if available)
- 2 letters of reference from teachers or principal
- Copy of student's passport
- Copy of parent's passports

### Payment options for Application Fee

Amount: \$300.00       Visa       Mastercard      Card Number: \_\_\_\_\_

Name on card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Or click below to receive an invoice with a secure payment link

Please provide an email address for the invoice to be sent: \_\_\_\_\_

### Program requirement for new students

I understand that new students are required to attend the Jump Start program held the week prior to the start of the year.



PLEASE complete one application for each student

## STUDENT INFORMATION

Name: \_\_\_\_\_  
First Name Middle Name Last Name

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male  Female   
dd/mm/yyyy

Citizenship – please specify: \_\_\_\_\_ Applying for school year: \_\_\_\_\_

Entering grade: \_\_\_\_\_

## EDUCATION

Current school: \_\_\_\_\_ Email: \_\_\_\_\_

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

Date of Entrance: \_\_\_\_\_

**PARENT 1**  **OR GUARDIAN 1**  Same address and phone number as student

Title: Mr  Mrs  Miss  Ms.  Dr.  Other  Please specify \_\_\_\_\_

Name: \_\_\_\_\_  
First Name Middle Name Last Name

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional contact information: \_\_\_\_\_  
Please indicate Skype, WhatsApp, WeChat etc.

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Name: \_\_\_\_\_ Position: \_\_\_\_\_



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**PARENT 2**  OR **GUARDIAN 2**  Same address and phone number as student

Title: Mr  Mrs  Miss  Ms.  Dr.  Other  Please specify \_\_\_\_\_

Name: \_\_\_\_\_  
First Name Middle Name Last Name

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional contact information: \_\_\_\_\_  
Please indicate Skype, WhatsApp, WeChat etc.

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Name: \_\_\_\_\_ Position: \_\_\_\_\_

## PARENT AND FAMILY INFORMATION

Student resides with: Both Parents  Mother Only  Father Only  Guardian

To whom should correspondence be sent? Both Parents  Mother Only  Father Only  Guardian

Custody agreement or restraining order in place? Yes  No  If yes, please provide a copy of the documentation

## SIBLING INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
First Name Middle Name Last Name

Current School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
First Name Middle Name Last Name

Current School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
First Name Middle Name Last Name

Current School: \_\_\_\_\_



## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## APPLICANT'S EDUCATIONAL HISTORY – GRADE 1 TO 12

*In order for us to accurately determine our ability to provide the required level of support to each individual student, it is important that the following questions are answered with as much sincerity and detail as possible.*

Names and addresses of schools attended within the last three years (not including current school):

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Has the applicant ever been advanced a grade? Yes  No  If yes, which grade? \_\_\_\_\_

Has the applicant ever repeated a grade? Yes  No  If yes, which grade? \_\_\_\_\_

Please indicate languages studied and level of proficiency for each:

English: Beginner  Intermediate  Fluent

Other: \_\_\_\_\_ Beginner  Intermediate  Fluent

Other: \_\_\_\_\_ Beginner  Intermediate  Fluent

Has the student ever been designated "Special Needs" (ie Gifted, Learning Disability, ADHD, etc)? Yes  No

If, yes, please describe: \_\_\_\_\_

Has the applicant ever had a psychological-education (Psych-Ed) assessment? Yes  No

If yes, provide the date of the assessment: \_\_\_\_\_

Name of physician conducting assessment: \_\_\_\_\_

*If the applicant has received or is receiving counseling due to a personal problem or event, please share information about the assistance so we can better understand and respond to your child's unique needs. (Attach reports)*

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

Has the applicant been prescribed any medication to be taken on a regular basis? Yes  No

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_



Has the applicant ever been the subject of serious disciplinary procedure at school or in the community?

Yes  No

Please detail any disciplinary matters: \_\_\_\_\_

\_\_\_\_\_

Remarks from the family (i.e. is there anything you would like to add that has not been covered in the application?):

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT INFORMATION** *To be completed by the student.*

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Within the past year, which books have you read that have particularly appealed to you?

\_\_\_\_\_

Have you achieved any awards, honours, and achievements in the area of academics? If so, please list them below:

\_\_\_\_\_

\_\_\_\_\_

What are your personal passions?

\_\_\_\_\_

\_\_\_\_\_

Please list all extracurricular, athletic, and community activities in which you have been involved during **the past two years**.

Activity	Years Involved	Level/Leadership position
_____	_____	_____
_____	_____	_____
_____	_____	_____

How do you feel you can contribute to the Aberdeen Hall community?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



*I/We consent to having Aberdeen Hall Preparatory School collect personal information that may include student identification, birth certificate, behavioural, academic, and health information. I/We further consent to the use and disclosure of information contained in this form and otherwise collected by Aberdeen Hall Preparatory School for the purpose of establishing, maintaining and terminating the student's or parent's relationship with Aberdeen Hall Preparatory School.*

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

*By typing your name and date above and submitting this form by email you are agreeing to the above statement.*

*If you have a business card,  
please attach it here.*