



**PEIISP**  
PRINCE EDWARD ISLAND

**Prince Edward Island  
International Student Program (PEIISP)  
Application Form**

**If you are an international student, you must complete this application form.**

**Date of Application:** \_\_\_\_\_

**STUDENT INFORMATION**

Legal Last Name	Legal First Name	Preferred First Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Current Age
Country of Citizenship	Country of Birth	
First language	Other languages spoken at home	

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian 1:**

Legal Last Name	Legal First Name	Relationship
-----------------	------------------	--------------

**Parent/Guardian 2:**

Legal Last Name	Legal First Name	Relationship
-----------------	------------------	--------------

**IMMIGRATION INFORMATION FOR PARENT/GUARDIAN LIVING IN PEI WITH STUDENT**

<input type="checkbox"/> My parent(s) have/are getting a study permit	<input type="checkbox"/> My parent(s) are applying for permanent residency
<input type="checkbox"/> My parent(s) have/are getting a work permit	<input type="checkbox"/> Other _____

**PEI LIVING ARRANGEMENT**

I will live with:

<input type="checkbox"/> Parent(s)*	<input type="checkbox"/> Family Friend/Relative	<input type="checkbox"/> I do not have this information yet
<input type="checkbox"/> Custodian	<input type="checkbox"/> Host Family	

*\* Students in elementary (K-6) must live with a parent. No other custodianship is required, unless requested by Immigration, Refugees and Citizenship Canada.*

**CUSTODIAN INFORMATION**

**Custodian\*:**

Legal Last Name	Legal First Name	Relationship
-----------------	------------------	--------------

*\* Custodian must be a permanent resident of Canada or a Canadian citizen over the age of 21.*

**HOME COUNTRY ADDRESS INFORMATION FOR LETTER OF ACCEPTANCE**

Permanent Home Country Address	City	Province/State
Country	Postal Code	Country Code
Email Address		Email Address

## SCHOOL HISTORY

Current School Name	Current Grade	Current School City	Current School Country
Type of School:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> International		
How long have you attended this school?			
Language of Instruction:			
Other Languages Studied:			
Indicate any additional English training/instruction (e.g., summer programs, conversational English classes, IELTS preparation)			

## PEI EDUCATION PLAN

<input type="checkbox"/> Full Year (September to June) (20____ school year)	
<b>High School</b> (Grades 10-12)	<input type="checkbox"/> One Semester (September to January) (20____ school year)
	<input type="checkbox"/> One Semester (February to June) (20____ school year)
	<input type="checkbox"/> Full Year (September to June) (20____ school year)
<b>Junior High</b> (Grades 7-9)	<input type="checkbox"/> One Semester (September to January) (20____ school year)
	<input type="checkbox"/> One Semester (February to June) (20____ school year)
	<input type="checkbox"/> Full Year (September to June) (20____ school year)
<b>Elementary</b> (K-6)	<input type="checkbox"/> One Semester (September to January) (20____ school year)
	<input type="checkbox"/> One Semester (February to June) (20____ school year)
	<input type="checkbox"/> I plan to complete graduation requirements on PEI
<input type="checkbox"/> Other	

## AGENT INFORMATION

- I am not using the services of an agency.
- I am an agency that has referred students to the PEIISP before.

\_\_\_\_\_  
Name \_\_\_\_\_ Name of Agency \_\_\_\_\_

- I am an agency that is interested in referring students to the PEIISP.

\_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## OFFICIAL LETTER OF ACCEPTANCE

Please indicate who will receive the letter of acceptance:

- Agent
- Parent

Email Address \_\_\_\_\_

# Physician's Statement of Health – To be completed by a Physician

---

Student's Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

---

Address \_\_\_\_\_

Give your opinion of the general state of the applicant's physical, mental and emotional health:

Excellent     Good     Fair     Poor

Does the applicant have a chronic disease?

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma/Respiratory issues	<input type="checkbox"/> Skin disorder/eczema
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Digestive issues	<input type="checkbox"/> Other _____

Does the applicant have a chronic neurological disorder?

<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Frequent headaches/migraines	<input type="checkbox"/> Other _____

Indicate which of the following illnesses the applicant has had. If any, please date:

<input type="checkbox"/> Cancer/Tumors	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Rubella
<input type="checkbox"/> Convulsive disorder	<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Mumps	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Ulcer	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Tuberculosis	

Has the applicant ever had any of the following?

<input type="checkbox"/> Depression	<input type="checkbox"/> Drug or alcohol dependency	<input type="checkbox"/> Obsessive compulsive disorder
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Severe mood swings	<input type="checkbox"/> Difficulties concentrating
<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Other _____	

Are there any on-going health concerns/ illnesses/ medical conditions?     Yes     No

If yes, explain:

Does the applicant have any cognitive learning issues?     Yes     No    Explain: \_\_\_\_\_

Does the applicant have any physical or mobility issues?     Yes     No    Explain: \_\_\_\_\_

Does the applicant have a visual or hearing impairment?     Yes     No    Explain: \_\_\_\_\_

Does the applicant have any allergies?    Food    Animals    Medications    Other

If yes, please indicate the allergen and severity of the reaction.

Does the applicant take medication regularly?     Yes     No    Explain: \_\_\_\_\_

Does the applicant smoke cigarettes?     Yes     No

Are there any restrictions on the student's participation in school and/or school activities?     Yes     No

---

Physician's Name (print) \_\_\_\_\_ Physician's Signature/Stamp\* \_\_\_\_\_

---

Address \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

\*Physician's Statement of Health **MUST** be stamped by the Physician's Office or Hospital.

## **Motivation to Participate in the PEIISP Junior & Senior High School Students Only**

Please use this section to tell us about yourself. Why do you want to study in Prince Edward Island? What are your goals? Please tell us anything else you feel is important for us to know. **Please note. This information must be written by the student in English.**

# Participation Terms

**This section must be read and signed by you and your parent(s) or legal guardian.**

1. While in Canada, I understand that I am always under the jurisdiction of the national, provincial, and local laws. I shall obey all laws. If I break the law, it shall result in my termination from the PEIISP and I shall face the legal consequences of my actions.
2. All PEIISP students must have a custodian if the parent/guardian does not reside in PEI.
3. Students in elementary (K-6) must live with a parent. No other custodianship is required, unless requested by Immigration, Refugees and Citizenship Canada. All students not living with a parent must have a custodian and homestay arrangement.
4. I shall not participate in the illegal use of drugs, alcohol or tobacco while enrolled in the PEIISP and living in Prince Edward Island.
5. I shall not drive motorized vehicles of any type, regardless of existing license or training from my home country, nor shall I hitchhike.
6. I shall obey and follow the rules, guidelines and policies regarding attendance, course responsibilities and behavior as they pertain to school. Attendance at school is obligatory. A written note from a custodian/parent or doctor shall be submitted to the school when absent. Poor behavior, chronic absenteeism, or a disregard for any of the school rules will not be tolerated.
7. I shall advise the staff at the PEIISP and at my school if I move and/or change custodian.
8. I shall advise the staff at the PEIISP if my study permit is revised or extended.
9. I understand that I cannot work while enrolled in the PEIISP and while on a study permit or visitor record.
10. I shall maintain a full-time timetable during the academic year (September to June), unless authorized by the PEIISP. In a semestered high school program, this means 4 courses per semester and in a non-semestered school, this means 8 courses for the year.
11. I understand that I must comply with academic requirements including completion of homework and assignments.
12. I understand that my reports on attendance or academic concerns may be shared with my parents/legal guardian, agent, custodian, school, educational authorities, and the PEIISP in order to provide the necessary guidance and assistance for my success.
13. I understand that my tuition fees cover my monthly charges for instruction. There may be additional fees charged for items such as lockers, school agendas, etc. It is my responsibility to pay these fees which may cost between \$30 and \$50 per school year.
14. I understand that if my educational needs are greater than disclosed in the application, the PEIISP may charge me for extra support (where available) or this can result in my termination from the PEIISP.
15. I understand I will need sufficient funding for personal spending, living and travel expenses.
16. I understand that I require approval from my custodian to travel outside the province with a group or my host family. As well, if I want to travel without adult accompaniment I require written approval, in English, from my parent or legal guardian. I shall also receive permission from my custodian at least two weeks prior to my planned departure date.
17. I understand that if there is an issue with my homestay placement that cannot be resolved, this may result in my termination from the PEIISP.
18. Prior to commencing class, I understand that I shall obtain and provide proof of health insurance to the PEIISP through a PEIISP-approved Canadian insurance provider (i.e. such as Guard.Me or Blue Cross).
19. The PEIISP, in consultation with the appropriate educational authorities, reserves the right to terminate my participation in the PEIISP for the violation of program rules and/or if my mental and/or physical health, as determined solely by the PEIISP, in consultation with the appropriate educational authorities, is in jeopardy.
20. I understand that I must disclose medical conditions, mental health issues, cognitive issues or other disabilities when I apply to the PEIISP.
21. My parents/legal guardians and I understand and agree that any inaccuracy in the application form or failure to abide by the above conditions shall result in my immediate dismissal from the PEIISP without refund of tuition fees and I shall be sent home at my parent's or legal guardian's expense.
22. We, the undersigned, acknowledge and confirm that:
  - a) we have had the opportunity to obtain independent legal advice prior to signing the Participation Terms;
  - b) we have read the Participation Terms in their entirety and believe that we understand the nature and effect of the Participation Terms; and
  - c) we are signing the Participation Terms freely and voluntarily.

**I have read, understood and agree to follow the rules and guidelines as outlined above.**

Student Name (print)

Parent(s)/Legal Guardian Name (print)

Signature of Student

Signature of Parent(s)/Legal Guardian

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

# General Release/Waiver

1. We, the undersigned, do hereby release and forever discharge the Government of Prince Edward Island, as represented by the Minister of the Department of Education, Early Learning and Culture, "the Department", from all claims of any nature whatsoever which we may have against the Department for any injury, loss, damage, accident, delay or expense resulting from the student's participation in the PEIISP.
2. We, the undersigned, agree to indemnify the Department from and against all claims, demands, costs, damages, losses, actions, suits, or proceedings of every nature and kind whatsoever arising out of or resulting from the student's participation in the PEIISP.
3. We, the undersigned, acknowledge and confirm that we are solely responsible for any and all financial obligations or liabilities that the student may personally incur and any and all damage or injury to the person or property of others that the student may cause while participating in the PEIISP.
4. We, the undersigned, acknowledge and confirm that the Department is not responsible for any loss or injury suffered by the student while participating in the PEIISP. Furthermore, if the student becomes injured, ill or incapacitated, we agree that the Department may take all such actions as it considers necessary, including but not limited to, transporting the student home at the undersigned's expense. We, the undersigned, release the Department from any and all liability, related to any such actions.
5. We, the undersigned, acknowledge and confirm that the student's participation in the PEIISP may be terminated if the student fails to abide by the PEIISP Participation Terms or the school's guidelines, rules and standards. This shall result in the student's immediate dismissal from the PEIISP without refund of tuition fees and the student shall be sent home at their parent's or legal guardian's expense.
6. We, the undersigned, warrant that the student has no history of criminal behaviour.
7. We, the undersigned, acknowledge and confirm that any disputes of a legal nature involving the student shall be resolved through a Canadian court of competent jurisdiction and that, we the undersigned, are solely responsible for all costs and consequences thereof.
8. We, the undersigned, acknowledge and confirm that the appropriate education authority, in consultation with the Department, reserve the right to determine final school and grade placement for the student.
9. We, the undersigned, acknowledge and confirm that the PEIISP is not involved in homestay placement or determining custodianship and that the selection of a homestay provider and custodian is the sole responsibility of the undersigned.
10. We, the undersigned, acknowledge and confirm the PEIISP Tuition Fee Refund Policy.
11. We, the undersigned, acknowledge and confirm that the Department and the educational authorities shall not be held liable for losses or expenses as a result of labour disputes or other causes beyond their control resulting in an inability to provide education to the student.
12. We, the undersigned, acknowledge and confirm that:
  - a) we have had the opportunity to obtain independent legal advice prior to signing this General Release/Waiver;
  - b) we have read this General Release/Waiver in its entirety and believe that we understand the nature and effect of this General Release/Waiver; and
  - c) we are signing this General Release/Waiver freely and voluntarily.

**I have read, understood and agree to follow the rules and guidelines as outlined above.**

---

Student Name (print)

---

Signature of Student

---

Date (mm/dd/yyyy)

---

Parent(s)/Legal Guardian Name (print)

---

Signature of Parent(s)/Legal Guardian

---

Date (mm/dd/yyyy)

## Confirmation

**I confirm that the information given in this application package and all supporting documents are true, complete and accurate.**

---

Student Name (print)

---

Signature of Student

---

Date (mm/dd/yyyy)

---

Parent(s)/Legal Guardian Name (print)

---

Signature of Parent(s)/Legal Guardian

---

Date (mm/dd/yyyy)