



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

Application Procedure

Application submission and deadline dates

The PEI education year begins in September and ends in June. High School (Grades 10-12) have two terms: September to January and February to June.

- September start (all grade levels): Deadline for complete application with payment before May 31st
 - February start (all grade levels): Deadline for complete application with payment before November 30th
- Any application received after the deadline may not be considered until the next semester/school year.

1. Complete the Application Form:

- Complete the 6 page international student application form, print it out and sign where indicated.

2. Prepare the supporting documents:

All the following documents must be included with your application. Please ensure your application is complete.

Documents included in this application package:

- Physician's Statement of Health
- Participation Terms form (signed by applicant and legal guardian)
- General Release/Waiver form (signed by applicant and legal guardian)

Documents that must be obtained externally:

- Certified school transcripts translated into English (from the last two years)
- One recent passport photo, or a copy of the passport
- Referral form
- Proof application fee has been paid (PDF receipt of the \$275 transaction from the financial institution)

It is also recommended that students applying for Grades 10-12 submit an IELTS Test Report Form.

3. Pay the application fee:

- Include the non-refundable application fee of \$275 CDN

If paying by wire transfer, please refer to the wire transfer information sheet.

4. Email a copy of the completed Application Form with supporting documents, as indicated in number 2, to the PEIISP office:

Email: peiisp@edu.pe.ca

Please submit application as one PDF document.



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

PEI LIVING ARRANGEMENT

I will live with: Parent(s)* Family Friend/Relative I do not have this information yet
 Custodian 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.*

Please include the address if known _____

IF LIVING WITH YOUR PARENTS

<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"/> My parent(s) will maintain a visitor record

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.*

Please include the address if known _____

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:

Public

Private

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 – Please select one

- | | | |
|--------------------------------------|--------------------------|--|
| High School
(Grades 10-12) | <input type="checkbox"/> | Full Year (September to June) Starting (20 ____) |
| | <input type="checkbox"/> | Full Year (February to January) Starting (20 ____) |
| | <input type="checkbox"/> | One Semester (September to January) Starting (20 ____) |
| | <input type="checkbox"/> | One Semester (February to June) Starting (20 ____) |
| Junior High
(Grades 7-9) | <input type="checkbox"/> | Full Year (September to June) Starting (20 ____) |
| | <input type="checkbox"/> | Full Year (February to January) Starting (20 ____) |
| | <input type="checkbox"/> | One Semester (September to January) Starting (20 ____) |
| | <input type="checkbox"/> | One Semester (February to June) Starting (20 ____) |
| Elementary
(K-6) | <input type="checkbox"/> | Full Year (September to June) Starting (20 ____) |
| | <input type="checkbox"/> | Full Year (February to January) Starting (20 ____) |
| | <input type="checkbox"/> | One Semester (September to January) Starting (20 ____) |
| | <input type="checkbox"/> | One Semester (February to June) Starting (20 ____) |

Multiple Years

_____ Number of Years

IF Applicable

_____ I plan to complete graduation requirements on PEI.

AGENT INFORMATION

- I am not using the services of an agency.
 I am using an agency.

Agency _____

Agent Name _____

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.**

Referral Form

This form must be completed, in English, by a Teacher, Counselor or Principal

Dear Teacher, Counselor or Principal,

As part of the admission process, the Prince Edward Island International School Program (PEIISP) requires an official Teacher, Counselor or Principal to provide a recommendation on behalf of each student who applies with the PEIISP. Your time to complete this form is very much appreciated.

To ensure confidentiality, you may complete and email this form to peiisp@edu.pe.ca. Alternatively, you may complete, sign and return the form to the student or parent for submission with his/her application package.

Student Name: _____ Date of Birth: _____

Name of Teacher, Counselor or Principal: _____

School Name: _____ Telephone Number: _____

School Address: _____

Please rank the student in comparison with his or her classmates by marking "X" in the appropriate box:

Category	Excellent	Good	Average	Poor
Academic ability				
Academic performance (Effort)				
Positive attitude toward school				
Ability to manage emotions and stress				
Maturity				
Adaptability to changes				
Leadership abilities				
Organization skills and time management skills				
Cooperation with others				
Extra-curricular involvement				
Participation in class				
Attendance				
Social abilities				
Readiness to study abroad				

How many year have you known the student? Less than 1 year 2 years 3 years Over 3 years

Any additional comments to describe the student: _____

Signature: _____ Date: _____ Email: _____

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 and Lifelong Learning, "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)

Parent(s)/Legal Guardian Name (print)

Signature of Student

Signature of Parent(s)/Legal Guardian

Date (mm/dd/yyyy)

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)

Parent(s)/Legal Guardian Name (print)

Signature of Student

Signature of Parent(s)/Legal Guardian

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

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. 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 BlueCross).
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)