



Annapolis Valley Regional School Board ESL Summer camp

Camp Dates

July 1 - July 27, 2007

Application Form

Camp Attendance: Start Date: _____

End Date: _____ # of Weeks: _____

Agent: _____
Agency: _____
Email Address: _____

Student Information

(please print clearly-in English, using blue or black ink)

Last Name: _____

Middle Name: _____

First Name: _____

Home Telephone: _____

Mailing Address: _____

E-mail Address: _____

Town/City: _____

Date of Birth: _____

Province/State: _____

month/day/year

Postal Code: _____

Sex: Male Female

Country: _____

Parent Information

Father

Mother

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Academic Information

Number of years in school: _____

Last Grade Completed: _____

First Language: _____

Second Language: _____

Speak English: Fluently Well No

Write English: Fluently Well No

Have you written and ESL test: Yes No If yes, Which test? _____

Personal Information

Score: _____

1. What are your favourite courses in school and why?

2. Please list your favourite interest, hobbies, talents and/or sports/musical instruments played:

Health/Medical Record

Do you have any allergies? Yes No If yes: _____

Do you have any special foods required? Yes No If yes: _____

Please list any medical care that may be required:

Any recent illnesses or inquiries? Yes No If yes: _____

I declare that I am in good health and able to participate in all camp activities: Yes No

Student Signature

Responsibilities of Students in the Annapolis Valley Regional School Board International Student

ESL Summer Camp Program and their Parents

I understand that in order to succeed in the AVRSB, ESL Summer Camp Program, I must attend all ESL classes and participate in camp activities offered. I understand that the program reserves the right to terminate my participation in the ESL Summer Camp Program and can send me back to my home country at my own or my parents' cost, if I break program rules and regulations such as: **drinking alcoholic beverages or using illegal drugs; becoming involved in any illegal activities; driving a car; breaking camp rules such as poor conduct; curfew violation, chronic absenteeism.**

I have read and understand the above and agree to abide by these rules, as well as to co-operate with the program administrators, the teachers and the students during the camp

Student's Signature

Parent's Signature

STUDENT RELEASE FORM

The Nova Scotia International Student Program may take photographs or ask for testimonials from participants throughout the course of their program participation. These photographs may be used during presentations and/or for advertising and promotional purposes on websites, flyers and/or brochures.

Name: _____

Address: _____

I give permission for my photograph and/or testimonial to be used in the Nova Scotia International Student Program's promotional materials, including their website.

I give permission for my name to be used by the Nova Scotia International Student Program in any promotional and marketing materials, including their website.

I understand this release form and agree to the terms.

Date: _____ Student Signature: _____

Date: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Send to: Annapolis Valley Regional School Board International Student Program
PO Box 2848 Windsor, Nova Scotia
Canada, B0N 2T0
Fax: (902) 798-0027
Tel: (902) 798-6640

INFORMED CONSENT/PERMISSION FORM

The Annapolis Valley Regional School Board is arranging the programs and activities for the Annapolis Valley Regional International Student Program's ESL Summer Camp.

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

ELEMENTS OF RISK

Educational activity programs, such as the ESL Summer Camp involves certain elements of risk. Injuries may occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this program, you are accepting the risk that you/your child may be injured.

The chance of injury occurring can be reduced by carefully following instructions at all times while engaged in the program.

If you choose to participate in the ESL Summer Camp, you must understand that you bear the responsibility for any injury that might occur.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE, WE UNDERSTAND THAT IN PARTICIPATING IN THE ESL SUMMER CAMP, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give, _____ permission to participate in the ESL Summer Camp and all activities
(student name)
associated with it from _____ to _____
(start date) (end date)

I give permission to the teachers and staff of the Annapolis Valley Regional School Board to secure medical treatment in times of emergency and when immediate medical attention or intervention is required without personal liability.

Signature of Parent/Guardian: _____ Date: _____

THIS DOCUMENT IS IMPORTANT!

PLEASE ASK SOMEONE TO TRANSLATE IT FOR YOU IF YOU DO NOT UNDERSTAND.