

# SHORT TERM LANGUAGE PROGRAMS STUDENT APPLICATION FORM

Please attach a recent head and shoulders photo if available



## Language Programs

### Mennonite Educational Institute

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## Personal Information

(please print in English and provide as much detail as possible)

### Student

Student's first name \_\_\_\_\_ Sex: Male  Female

Student's family name \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_

Student's English name (if any) \_\_\_\_\_

### Parent(s)

Father's first name \_\_\_\_\_ Mother's first name \_\_\_\_\_

Father's last name \_\_\_\_\_ Mother's last name \_\_\_\_\_

### Home Address

Street \_\_\_\_\_ City \_\_\_\_\_

Province/State/Prefecture \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

### Contact Information

Home Tel \_\_\_\_\_ Fax \_\_\_\_\_ Father's bus. Tel \_\_\_\_\_ Fax \_\_\_\_\_

Mother's bus. Tel \_\_\_\_\_ Fax \_\_\_\_\_ Father's cell \_\_\_\_\_

Mother's cell \_\_\_\_\_ Father's email \_\_\_\_\_

Mother's email \_\_\_\_\_

### Family

Do you have any brothers or sisters? Yes  No

Sibling's name \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male  Female

Sibling's name \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male  Female

Sibling's name \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male  Female

Do your grandparents live with you? Yes  No

### Miscellaneous

Do you play a musical instrument? Yes  No  If yes, what kind \_\_\_\_\_

Do you have any pets? Yes  No  If yes, Dog  Cat  Other \_\_\_\_\_

What are your sports/hobbies/interests? (check all that apply)

- |   |   |  |                                       |  |
|---|---|--|---------------------------------------|--|
| <input type="checkbox"/> Basketball     | <input type="checkbox"/> Baseball         | <input type="checkbox"/> Football        | <input type="checkbox"/> Volleyball   | <input type="checkbox"/> Hockey              |
| <input type="checkbox"/> Badminton      | <input type="checkbox"/> Soccer           | <input type="checkbox"/> Swimming        | <input type="checkbox"/> Golf         | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Martial Arts   | <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Running/Jogging | <input type="checkbox"/> Track events | <input type="checkbox"/> Tennis              |
| <input type="checkbox"/> Dance          | <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Cooking         | <input type="checkbox"/> Sewing       | <input type="checkbox"/> Music               |
| <input type="checkbox"/> Acting/Singing | <input type="checkbox"/> Computers        | <input type="checkbox"/> Video games     | <input type="checkbox"/> Camping      | <input type="checkbox"/> Reading             |

Describe your personality (*check all that apply*)

- |  |  |  |                                   |   |
|--|--|--|-----------------------------------|---|
| <input type="checkbox"/> Shy           | <input type="checkbox"/> Outgoing          | <input type="checkbox"/> Organized     | <input type="checkbox"/> Messy    | <input type="checkbox"/> Quiet              |
| <input type="checkbox"/> Like to talk  | <input type="checkbox"/> Like to be active | <input type="checkbox"/> Like to study | <input type="checkbox"/> Friendly | <input type="checkbox"/> Worry about things |
| <input type="checkbox"/> Good listener | <input type="checkbox"/> Happy             | <input type="checkbox"/> Leader        | <input type="checkbox"/> Helpful  | <input type="checkbox"/> Have a temper      |
| <input type="checkbox"/> Other _____   |  |  |                                   |   |

Family/Lifestyle (*check all that apply*)

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> Like babies         | <input type="checkbox"/> Like small children | <input type="checkbox"/> Like children 6-12   | <input type="checkbox"/> Like teenagers               | <input type="checkbox"/> Like having no siblings |
| <input type="checkbox"/> I do chores at home | <input type="checkbox"/> I clean my room     | <input type="checkbox"/> Like an active home  | <input type="checkbox"/> Like a quiet home            | <input type="checkbox"/> Like pets               |
| <input type="checkbox"/> Don't like pets     | <input type="checkbox"/> Like to cook        | <input type="checkbox"/> Like playing outside | <input type="checkbox"/> Single parent family is okay |  |
| <input type="checkbox"/> Other _____         |  |   |   |  |

Food (*check all that apply*)

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> Enjoy eating   | <input type="checkbox"/> Eat large amounts | <input type="checkbox"/> Eat small amounts | <input type="checkbox"/> Like a big lunch   | <input type="checkbox"/> Like a small lunch   |
| <input type="checkbox"/> Like new foods | <input type="checkbox"/> Like to snack     | <input type="checkbox"/> Like candy        | <input type="checkbox"/> Like Canadian food | <input type="checkbox"/> Concerned about diet |
| <input type="checkbox"/> Other _____    |  |  |   |   |

Do you have any food allergies?    Yes       No       If yes, what are they? \_\_\_\_\_

Describe favourite foods: \_\_\_\_\_

Describe least favourite foods: \_\_\_\_\_

Write paragraphs to answer the questions below. Write with as much detail as possible. (use extra paper if necessary)

1. Tell us about your family \_\_\_\_\_

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2. Tell us what you like to do for fun \_\_\_\_\_

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3. Tell us something interesting about your country \_\_\_\_\_

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# Language Programs

## MEDICAL INFORMATION

STUDENT NAME:

Given Name/s

Family Name

BIRTHDATE:

Day

Month

Year

Parents/Guardians:

Name

Contact #s

Name

Contact #s

Insurance Company Name: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

1. Does the student have previous or current **medical** concerns, **emotional** concerns, or **mental** concerns?

Yes  No

Please list and explain: \_\_\_\_\_

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

2. Does the student have any special needs: physical, diet or otherwise? Please list and explain.

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

3. ALLERGIES: Does the student have any known allergies? Yes  No

A. Allergic to: \_\_\_\_\_

B. Symptoms and treatment: \_\_\_\_\_

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

List medications, conditions they are prescribed to treat, and directions for use.

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

4. **PLEASE ATTACH AN EXTRA PAGE IF YOU HAVE ADDITIONAL MEDICAL INFORMATION.**

5. **PLEASE ATTACH A DOCTOR'S NOTE FOR SERIOUS HEALTH CONCERNS.**

Please rest assured that if the student is in need of assistance for a medical emergency, the school will attempt to inform you immediately. The student will, however, be promptly cared for whether or not we are able to contact you. In the case of a medical emergency the school will attempt to contact you to pick up your child or for direction as to what action to take. If you are unavailable the emergency contacts will be notified. If the school is unsuccessful in reaching a contact person we will take action as deemed necessary and keep trying to make contact with the parents/guardians until successful.

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back information MEI Language Program should know.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Code of Conduct

At M.E.I. we seek through word and action to create an environment of trust and mutual support in which each member of our community can grow. There is an emphasis on the need to be sensitive to those we come in contact with so that each student can realize their individual, God-given potential. As staff we are committed to the on-going educational process of developing unique persons in a Christ-centered environment where faith is translated into action.

We all must learn to work individually and with others. Mutual respect, cooperation and sharing are important values in any social experience. The ability to work with and for others is an important part of the learning process. In all we do, there must be respect for God and His word, self, others, property and authority. *Any overt behaviour which would demonstrate a lack of respect, e.g., cruel teasing, bullying, discourtesy, blasphemous language or vulgarity, stealing, etc., will be dealt with so that the well-being and security of everyone in the school is ensured.*

MEI reserves the right to make educational and homestay decisions that are in the best interests of the International student based on the cultural norms of a regularly enrolled Canadian student. Those students who make lifestyle choices not consistent with MEI standards, or who choose to disobey the rules, will force the school to take action.

MEI understands that cultural difference will at times constitute misunderstanding both on the part of the student and others. However, it is the student and parent's responsibility to learn about Canadian culture and to be prepared to face the differences and to have an attitude of learning and of recognizing that they are representing their country and culture and must have exemplary behaviour.

I, \_\_\_\_\_ am aware of the school's code of conduct and agree to abide by it and to support it to the best of my ability.

I understand that participation in the Program is entirely voluntary and that any program of travel involves some element of risk. I understand that I will assume the risk in recognition and appreciation of the dangers, hazards, and risks of studying abroad. I agree that in consideration of MEI Language Program sponsoring this activity and permitting the participant to participate, I (including my parents, guardians or next of kin) will not attempt to hold MEI Language Program, its officers, employees, or agents, liable in damages for any injury, death, or loss to person or property sustained by me while participating in or arising out of any travel to activity conducted by or under the auspices of the Program, hosting institution and organization.

I/we confirm that I/we have read and understand these terms and conditions and agree to be bound by them. I hereby apply for admission to MEI Language Program. I agree to accept the supervision and authority of MEI Language Program through out my association with the Program and to conform to the group regulations and to conduct myself as a responsible representative of my country and educational institution.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent/Guardian Signature (for students under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date