

International Student Application Form

Rockway Mennonite Collegiate

PLEASE COMPLETE FORM AND FAX or MAIL to: FAX (001) 519-895-2912 (Do NOT transfer funds at this time, make sure you FIRST contacted Dr. Herminio Schmidt) Dr. Herminio Schmidt, 51-165 Chandos Dr. Kitchener, ON, Canada N2A 4A2 Phone: [001] 519-895-2880 Fax: [001] 519-895-2912 E-mail: hschmidt@golden.net
We need: 1) Application, 2) most recent academic transcript, 3) one or two letters of reference from professionals who have known the applicant for at least one years, 4) Report about yourself We will confirm and inform you of how to proceed. Forward documents and 1 photos to the above address. As soon as we receive the documents the school will review the application and inform you of your acceptance and the applicable fees. Only then will you have to transfer the tuition to the school. For questions or further information please E-mail your adviser Dr. Herminio Schmidt:
hschmidt@golden.net

SCHOOL YEAR 201 ___ to 201 ___ PLEASE CHECK: Semester I & II ___

Semester I only ___ Semesters II only ___

1. Application for Grade 7 __, 8 __, 9 ____, 10 ____, 11 ____, 12 ____, OAC _____

2. Name in Full _____ Date of application _____
(Family Name - Given Name - Middle name)

3. Home Address _____

_____ Postal Code _____

Phone _____ Fax _____

E-mail (parent) : _____ (please print)

E-mail (student) : _____ (please print)

4. Date of Birth _____ Place of Birth _____ Sex : Male ___ Female ___
(Day--Month--Year)

5. Do you have a guardian in Canada? No__ Yes __ If yes please fill in the following:

Guardian's Name _____

Guardian's Address _____ Postal Code _____

Guardian's Phone _____ Fax _____

6. Parents:

Father _____
(Family Name -- Given Name -- Middle Name)

Mother _____
(Family Name -- Given Name -- Middle Name)

Address of Parents (If different from Home Address above) _____
_____ Postal Code _____

Father's Occupation _____ Business Phone _____

Mother's Occupation _____ Business Phone _____

7. Church you and your family attend _____ Members? Yes__ No __

8. Name of school attended last year _____

Address _____

Principal _____ Phone _____

9. List special interests _____

10. List special training _____

11. State why you have chosen to attend Rockway Mennonite Collegiate _____

12. List name(s) of your brother(s)/sister(s) who will be attending Rockway at the same time as you.

NAME(S) _____ Grade _____

NAME(S) _____ Grade _____

13. List three persons of your acquaintance (your minister, teacher, and one other reference) whom the school may contact for reference. (To be filled out by students applying to Rockway for the first time.)

Name _____ Address _____

Occupation _____ Phone _____ Fax _____

Name _____ Address _____

Occupation _____ Phone _____ Fax _____

Name _____ Address _____

Occupation _____ Phone _____ Fax _____

14. It is assumed that your signature on this application indicates your intention to take seriously your studies and your willingness to pursue the purpose and aims of Rockway:

(Signature of Applicant)

Date _____

15. As parent/guardian I approve the applicant's enrollment at Rockway Mennonite Collegiate and will be ready to counsel together with him/her and the faculty and staff to help strengthen the purpose of Rockway. I shall meet the financial obligation promptly.

(Signature of Parent/Guardian)

Please complete the application in full and return to:

Dr. Herminio Schmidt, 51-165 Chandos Dr., Kitchener ON Canada N2A 4A2

Fax: [001] 519-888-7086

with:

- 1) The student's most recent academic transcript
- 2) One pass photos
- 3) One letters of references from a professional who has known the applicant for at least one year
- 4) This application
- 5) A letter by the student (in English) giving reason why he/she wants to come to Rockway High School

NOTE: If your application is accepted, you will need to pay the full tuition fee, in addition to the Health Insurance fee and fees for Room and Board for the host family. After payment has been received, the school will issue an official "Letter of Acceptance" to be presented to the Immigration/Canadian Embassy authorities for a student visa (if required).

Tuition fees are non-refundable unless a student is unable to obtain a student visa or if a student decides to withdraw the application before April 30 (for the school term beginning in September). Requests for refunds after April 30 must be accompanied by a letter from the Canadian Embassy stating that the visa application has been refused. A \$250 administrative fee will be withheld on all refunds.

For Office Use Only:

Date Received:

Host Family/ Address

Postal Code _____ Phone _____ Work Phone _____

Tuition Balance ____ Room and Board Fees ____ Health Insurance ____