



Sunrise School Division

Box 1206, Beausejour, Manitoba, R0E 0C0 Telephone (204) 268-6500 Fax (204) 268-4149
 Web Site: <http://www.sunrisesd.ca> Toll Free: 866-444-5559

APPLICATION FOR ADMISSION

3 PHOTOGRAPHS (1 attached and 2 with paper clips)



Date of Application: _____

PERSONAL INFORMATION:

Surname (Family Name)		Given Names		Preferred English Name (if applicable)	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy) ____/____/____		Citizenship:		
First Language:			Country of Birth:		

HOME MAILING ADDRESS:

Street Address					
City:		Province/State		Country	
Postal Code		Telephone Number (include country & city code)		Fax Number (if applicable)	
E-mail address (if applicable)					

PARENT'S INFORMATION:

Father's Surname		First Name		Work Telephone		Home Telephone	
Mother's Surname		First Name		Work Telephone		Home Telephone	

CONTACT PERSON IN HOME COUNTRY: (if different from above [i.e. sending Agency])

Surname		First Name		Relationship or Agency Name	
Street Address					
City:		Province/State		Country	
Postal Code		Telephone Number (include country & city code)		Fax Number (if applicable)	
E-mail address (if applicable)					

CONTACT PERSON IN CANADA:

Surname		First Name		Relationship or Agency Name	
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Street Address			
City:	Province/State	Country	Postal Code
Telephone Number (include country & city code)	Fax Number (if applicable)	E-mail address (if applicable)	

HOMESTAY AND CUSTODIANSHIP:

All students attending Sunrise School Division International Student Program must live with their parent(s), guardians, or an assigned Homestay family.

Do you require Homestay arrangements: Yes No
 (If yes, a Homestay information package will be sent to you once you have been accepted into the Program)

Do you need Guardianship arrangements? Yes No

Note: Guardianship arrangements can only be made for students who require Homestay.

ENGLISH ABILITY

Please check all that apply:

A) How many years have you taken formal English classes?

In a school	<input type="checkbox"/>	1 year	<input type="checkbox"/>	2 years	<input type="checkbox"/>	3 years +
Private Lessons	<input type="checkbox"/>	1 year	<input type="checkbox"/>	2 years	<input type="checkbox"/>	3 years +

B) When do you speak English?

<input type="checkbox"/>	At school	<input type="checkbox"/>	At home	<input type="checkbox"/>	With friends	<input type="checkbox"/>	At private lessons
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C) What can you do in spoken English?

<input type="checkbox"/>	Respond to personal question using short answers
<input type="checkbox"/>	Take part in conversations on a range of topics
<input type="checkbox"/>	Express, support, and elaborate a point of view or opinion
<input type="checkbox"/>	Maintain face-to-face conversation on familiar topics
<input type="checkbox"/>	Discuss or explain an idea

D) What can you read in English?

<input type="checkbox"/>	Short passages	<input type="checkbox"/>	Short stories	<input type="checkbox"/>	Novels
<input type="checkbox"/>	Newspaper articles	<input type="checkbox"/>	Newspaper editorials	<input type="checkbox"/>	Textbooks

E) How do you rate your written level of English?

<input type="checkbox"/>	I can answer simple questions in short sentences.
<input type="checkbox"/>	I can write a simple description of a picture.
<input type="checkbox"/>	I can write a short paragraph on a personal topic.
<input type="checkbox"/>	I can write a short explanatory paragraph in response to a reading.

Student Name: _____

Date: _____

	I can write a letter or e-mail.
	I can write a composition of 3 or more paragraphs to develop a central idea.
	I can write a short essay introducing, developing, and concluding an argument.

EDUCATION AND SCHOOL PLACEMENT

Name of Past School & Present School	Grade Completed	Date From	Date To

When do you want to begin school?

High School: [Gr. 10-12](#)

[Elementary \(K-Gr. 5\)](#)

Junior High: [\(Gr. 6-9\)](#)

<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2	<input type="checkbox"/> Full Year	<input type="checkbox"/> Full Year
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How long do you plan to study?

<input type="checkbox"/> 1 Semester	<input type="checkbox"/> 2 Semesters	<input type="checkbox"/> More than one year	<input type="checkbox"/> Other:
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What are your goals after you complete your studies in our Program?

<input type="checkbox"/> Graduate from high school in Manitoba	<input type="checkbox"/> Develop English skills only
<input type="checkbox"/> Attend university in Canada	<input type="checkbox"/> Attend university or college outside Canada
<input type="checkbox"/> Attend college in Canada	<input type="checkbox"/> Attend university or college in my home country
<input type="checkbox"/> Return to secondary school in my home country	<input type="checkbox"/> Other: _____

Student Name: _____

Date: _____