

Visa/Residential Information Form for International Students

PLEASE PRINT CLEARLY

SURNAME:	First:			Middle:	
In what country were you born?		Canadian Health Insurance Information:			
Parents' home address in your native country:		Insurance Pr	ovider:		
		Policy #:			
		Effective Da	te:		
Phone:					
Email:					
RESIDENCE in the GTA (As stated, students must live with a Christia guardian approved by the school.) Name and complete mailing address of family	y with whom you liv	ve while attend	ing Peoples Chri		
MrSurname	First M	rs	Surname		First
Business phone: ()					
Home phone: ()					
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Address:	street	apt. no.	city		postal code
What is their relationship to you? (i.e. aunt, uncle, friend, homestay family, other - please specify)					
		Email a	ddress:		
Do they have children attending Peoples Chri	stian Academy?	□Yes □N	No		
Is this your Guardian?					
If no, please state below the name and complete mailing address of your Guardian:					
□ Mr. □ Mrs. □ Miss	Surname		First		
Address:					
	street	apt. no.	city	、 、	postal code
Home phone: ()					
Cellular phone: ()		Email:			
CANADIAN STUDENT VISA STATUS					
Do you: Need to apply for the first time? \Box Yes \Box No					
Already have one but need to obtain a new one to study at this school? \Box Yes \Box No					

NOTE: International students SHOULD NOT change their residence during a school year; however, if unforeseen circumstances necessitate a student to change residence while attending PCA, they MUST notify the school office immediately so as to avoid a breach of agreement which may result in expulsion from school and the notifying of immigration authorities.