

THE ADMISSIONS PROCESS

Welcome! We are delighted that you are considering Shawnigan. This application package is an integral part of our interview process. Please be assured that none of the questions are intended to prevent students from being invited to attend our School. We are trying to gain as much information about students and their families as possible so that all parties involved have a solid foundation for a rich and engaging personal interview.

We admit students for the following September on a continuous basis throughout the year. Admission to Shawnigan is competitive; thus, to avoid disappointment, we encourage you to apply as soon as possible.

Step 1 – The Application

Your application should consist of the following items:

• FORM 1 Application for Admission

The Application Form is to be completed by the parent(s)/guardian(s) of the applicant and the applicant, as appropriate.

• FORM 2 Academic Reference (*one completed Academic reference is required*) The Reference Form is to be completed by a current academic personnel (teacher, administrator, etc.).

Letter of Reference from a Community Member

Please have a member of your community (sports coach, dance instructor, music teacher, etc.) write a letter of reference. **Please note:** Upon completion, these forms are to be forwarded directly to Shawnigan Lake School, not returned to the applicant. For the evaluator's convenience, pre-paid envelopes have been included in the application kit.

• FORM 3 Financial Information

Please review Shawnigan's Financial Information page, and remember to include the **\$100 non-refundable fee** with the submission of your Application Form.

• THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION ...

- a) A recent photo of the applicant
- b) A copy of the applicant's final academic report from the previous year and a copy of their most recent report card
- c) A copy of the applicant's birth certificate

Step 2 – The Interview

When all of the above items have been received, we will contact you to arrange a visit and an interview. Both the applicant and their parent(s)/guardian(s) are expected to attend the interview. After a guided tour of the campus, the applicant will be asked to write our admission tests. Shawnigan feels that it is of the utmost importance for the applicant to visit the School and be interviewed in person.

Step 3 – The Decision

Decisions are made after a thorough assessment of the applicant. We stress that this assessment is based on academic performance and potential, extra-curricular skills and accomplishments, integrity, and suitability for the boarding experience.

Do not hesitate to contact the Admissions Office should you require any assistance!

If you are uncertain about whether you wish to apply, but would like to learn more about Shawnigan Lake School, please call to book an appointment to tour our beautiful campus.

Please return your Application Information to:

SHAWNIGAN LAKE SCHOOL

1975 Renfrew Road, Postal Bag 2000, Shawnigan Lake, BC V0R 2W1 Tel (250) 743-6207 • Fax (250) 743-6280 • www.sls.bc.ca



APPLICATION FOR ADMISSION

To be completed by the Parents / Guardians of the Applicant

Applicant's Full Name									Gender	Male
	Lege	al Name (last/first/midd	lle)		(preferred name)				Female
Full Address	Street		City	Pro	vince/State		Postal Cod	e		Country
Home Telephone ()									
Date of birth	Co <i>lear</i>	ountry of citizensh	ip	ountry Name		Language spok	en at home	e		
Social Insurance number/Soc	cial Secur	ity number of app	licant, if availab	le						
Current Grade	Appli					Boarding	g Student		Day	Student
			Grade	Entry Date						
Has student applied to Shaw	nigan Lak	e School before?		Yes	No 🗌	If yes, which	n grade?		year?	
Has anyone from your famil	y attended	l Shawnigan Lake	School?	Yes 🔲	No 🔲	If yes, which	year(s)?			(Approximately)
If yes, Name(s)		Relat	ionship to applic	cant			Which g	grades(s)?	
Parent/Guardian Inform Please check any that may ap Parents are separat Parents have joint There are special a (If so, complete docume)	oply ed/divorc custody rrangeme	nts/court orders re	garding access of	has custod has custod or visitatio	ly	School should b	e aware of	Mothe	is deceas er is decea	
Primary Contact		Father	Mother		Both	Other				
Name Mr. Mrs.	Ms.	Dr								
Home Address(If different from applicant)	Street		City	Pro	vince/State		Postal Co	da		Country
Home Telephone (2			er (2
(If different from applicant) Primary Email Contact										
Business				Positio	n					
Business Address	Stre		City		Dunning	P4 4	Dental C.			ountry
Telephone ()				Fax Nur	Province/S)	Postal Co			ountry
Spouse Mr. Mrs.		Dr								
	—									
Business				Positio	n					
Business Address	Stre	ot	City		Province/	State	Postal Ca	de	0	<i>Country</i>
Telephone ()			Cay	Fax Nur)	. 05101 00			

Parent/Guardian Information (continued)

	divorced or separated families)	Father	Mother	
Name 🔲 Mr. 🛄 Mrs. 🛄 Ms	s. 🔲 Dr			
Home Address:	<i>C</i> :-	D (0)	D I.C. I	
Home Telephone ()	City	Province/State	Postal Code	Country
rimary Email contact				
Business		Position		
Business Address	Street City	Province/State	Postal Code	Country
Telephone ()				
Spouse 🔲 Mr. 🗌 Mrs. 🛄 Ms	s. Dr			
Business		Position		
Business Address	Street City	Province/State	Postal Code	Country
Telephone ()		Fax Number ()	
Applicant's Educational History Current School				
			ependent Public	Other
		Telephone	ependent Public	
chool Address	Province/State 0	Country		
City City	Province/State G	<i>Country</i> Telephone at this school	()	
City City Dates of attendance	Province/State of Grades completed a ed a grade? Yes	Country Telephone	() If YES, which grade(s)?	
City City Dates of attendance	Province/State of Grades completed a ed a grade? Yes	<i>Country</i> Telephone at this school	()	
chool Address	Province/State G Grades completed a ed a grade? Yes rade? Yes oble attended within the last three ye	Telephone Country Telephone No No No No No	() If YES, which grade(s)? If YES, which grade(s)?	
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School Address	Province/State Grades completed a Grades completed a ed a grade? Yes rade? Yes bls attended within the last three ye Phone (Telephone Country Telephone No No No No ars: beginner beginner beginner beginner No	If YES, which grade(s)? If YES, which grade(s)? Dates attended Dates attended Dates attended intermediate intermediate intermediate intermediate intermediate	fluent fluent fluent fluent

To be completed by the Applicant

	s particularly appealed to you? Please de	scribe what you found so intriguing about this book.
Have you received any awards, honours, and achieveme	ents in the area of <i>Academics</i> ? If so, plea	ise tell us about your successes.
What are your personal passions? What are your dislike	s?	
What personal qualities, talents, skills, or abilities will y	you contribute to the Shawnigan commu	nity?
Please list all extracurricular, athletic, and community a positions attained, level at which you participated, years (<i>Please list in the order of importance to you</i> .)		
positions attained, level at which you participated, years		
positions attained, level at which you participated, years (<i>Please list in the order of importance to you.</i>) Activity	s played, positions or offices held, theatr Years Involved	e roles, instruments played, debating, etc. Level/Leadership Position
positions attained, level at which you participated, years (<i>Please list in the order of importance to you.</i>) Activity	s played, positions or offices held, theatr Years Involved	e roles, instruments played, debating, etc. Level/Leadership Position
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positions attained, level at which you participated, years (Please list in the order of importance to you.) Activity You have just listed the activity most important to you of Through which sources did you become interested in Sh School Teacher or Administrator Current SLS Family	s played, positions or offices held, theatr Years Involved 	e roles, instruments played, debating, etc. Level/Leadership Position so important to you. elative ternet / Web Page ummer Program at SLS
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In order for us to accurately determine our ability to provide the required level of sup it is important that the following questions are answered with as much sincerity and		ıl,
If the applicant has received or is receiving counseling due to a personal problem or event, please sha understand and respond to your child's needs (<i>copies of reports would be helpful</i>).	re information about th	nat help so we can better
Has the applicant ever had a psycho-education assessment? If yes, please provide the date of the assessment: Does the applicant suffer from allergies? If so, how severe are these allergies and what (if any) medic reaction?	Yes (copies of reports wou cal treatment is required	
Has the applicant been prescribed any medication to be taken on a regular basis? If yes, please elaborate.	Yes 🔲	No 🔲
Has the applicant ever been the subject of serious disciplinary censure at school or in the community? School suspension? Yes No Asked to withdraw by a school Please detail any disciplinary matters.	? Yes 🗋	No 🔲 No 🛄
Remarks from the family (i.e. Is there anything you would like to add that has not been covered in the	e application?).	
Are considering applying for financial aid? Yes Shawnigan offers financial aid, or bursaries, for up to 40% of the fees, to Canadian students who cannot afford the students are based on demonstrated need. While we attempt to assist as many families as possible, each year the n budget. In addition to our Bursary Programme, Shawnigan awards numerous merit-based scholarships to new students. Af strong involvement in extracurricular activities are encouraged to write the Scholarship Examinations on Scholars	eed demonstrated by fami	ilies exceeds our financial aid ave an "A" average and a
We consent to having Shawnigan Lake School collect personal information that may include student identificatio and health information, most recent report card, emergency contact names and numbers, doctor's name and numbor orders if applicable, parents' contact numbers and email addresses, and any similar information needed for registri information contained in this form and otherwise collected by, or on behalf of, Shawnigan Lake School (1) for the terminating the student's or parents' relationship with Shawnigan Lake School (2) for additional purposes identif and (3) as otherwise provided in Shawnigan Lake School's Personal Information Privacy Policy, a copy of which <i>This information is to assist the School authority in making an informed decision as to your child's suitability and allow the School to respond immediately to any emergency. For more information, the privacy officer for Shawni (250) 743-5516 or privacyofficer@sls.bc.ca</i>	er, health insurance numb ation. We further consent the purpose of establishing fied when or before perso in is available on request.	er, legal guardianship, court t to the use and disclosure of , maintaining, and nal information is collected, <i>n the School. It will also</i>
Parent/Guardian Signature		
Applicant Signature	Date	

SHAWNIGAN LAKE SCHOOL

1975 Renfrew Road, Postal Bag 2000, Shawnigan Lake, BC V0R 2W1 Tel (250) 743-6207 • Fax (250) 743-6280 • www.sls.bc.ca



ACADEMIC REFERENCE/EVALUATION FORM

To be completed by a Teacher/Administrator at the applicant's current School

Applicant's Name

is involved in Shawnigan Lake School's Application Process. You have been selected by the applicant to provide an *academic* reference/evaluation. Your candid, sincere, and complete responses to the following questions are requested.

Shawnigan selects students who are capable of academic achievement in a competitive, university preparatory, boarding school environment. In this regard, among other things, Shawnigan evaluates past and present academic performance, teacher evaluations, results of entrance tests, communication skills, citizenship, artistic, and athletic accomplishments.

This is a confidential evaluation. The evaluation should be submitted directly to Shawnigan (by mail or fax) and not to the applicant or his/her parents.

This evaluation, and its contents, will only be used in connection with our admissions decision. It is the School's policy not to share reasons for the denial of admission.

Please complete both sides of this form and return it directly to the Admissions Office by mail or by fax to (250) 743-6280. If you find that sufficient space is not available on this form, please type your response on a separate sheet of paper identifying the question being answered.

3.

How long have you known the applicant and in what setting? _____

In what context have you worked with the applicant?

What are the first three words that come to mind to describe this student?

1.

2.

In relation to other students the same age, please rate the applicant by placing a check mark (\checkmark) in the column that represent your evaluation of the applicant.

	One of the best I have EVER encountered	EXCELLENT Top 10% this year	GOOD Above Average	AVERAGE	Below Average	No Basis for Judgement
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to work independently						
Ability to work with others						
Organization						
Creativity						
Concern for others						
Honesty/Integrity						
Self-Esteem						
Maturity (relative to age)						
Responsibility						
Respect accorded by faculty						
Respect accorded by peers						
Emotional stability						
Overall evaluation as a person						
Overall evaluation as a student						

Does the applicant possess any s	special competence, talent, potential for leadership, or exhibit any behavior indicating that leadership skills
are not likely to be developed?	Please explain.

In what ways has the applicant made significant contributions to your community?

Are there any additional comments you would like to make regarding the applicant?

To the best of your knowledge, has the applicant ever been disciplined at any school (this includes any suspension in school or out of school, dismissal, requests for withdrawal, or other censure or discipline for any reason)? If yes, please state the nature of the action taken and describe the circumstances relating to the action.

Shawnigan expects that those students admitted will be capable of living independently in a responsible, mature, and self-disciplined fashion. To the best of your knowledge, has the applicant ever received counseling or assistance for behavioural problems or difficulties that may affect the applicant's ability to live away from home or reflect a lack of maturity, responsibility, or self-discipline?

likelil	would you rate the applicant's nood of succeeding academically awnigan?	likeli	would you rate the applicant's hood of succeeding socially at nigan?	be co	e applicant a person that you would omfortable with as a roommate for son or daughter?
	Highly Likely Likely Somewhat Likely Not Likely		Highly Likely Likely Somewhat Likely Not Likely		Yes No

We very much appreciate your time and effort expended completing this form. *Thank you* for your thorough evaluation of the applicant.

Your Name	Position
School Name	
Email	Business Phone
Signature	Today's Date

The information requested above is required in order for the School authority to make an informed decision as to the applicant's suitability and appropriate placement in the School. The School does not sell, lease or trade information about applicants to other parties and is committed to meeting or exceeding the privacy standards established by British Columbia's Personal Information Protection Act (PIPA) and any other applicable legislation. For further information contact the School's Privacy Officer at (250) 743-5516 or privacyofficer@sls.bc.ca.

SHAWNIGAN LAKE SCHOOL 1975 Renfrew Road, Postal Bag 2000, Shawnigan Lake, BC VOR 2W1 Tel (250) 743-6207 • Fax (250) 743-6280 • www.sls.bc.ca



FINANCIAL INFORMATION

Fee Schedule (2006 – 2007)

(Cand	adian funds)	BC RESIDI	TS CANADIAN RESIDENTS	INTERNATIONAL RESIDENTS	
Boarding Students Day Students		\$31,120	\$33,600	\$40,200	
		\$17,500			
Payn	nent Schedule for F	ees and Dep	sits		
1.	At the time of app	lication: A	plication Fee (non-refundable)	\$ 100.00	
2. At the time of acceptance:		1	zistration Fee (non-refundable) posit on Tuition/Boarding Fees (non-refundable after J	\$2,000.00 \$2,000.00 \$2,000.00	
Payn	nent Options				
ERNATI	IONAL RESIDENTS:	Full payme are paid in	of fees is required on (or before) July 1 st . A Student V II.	'isa will NOT be issued unless f	
•		Option 1:	Payment on (or before) July 1 st of the whole annual fee ee will be granted.	A discount of 1.5% of the ann	
		Option 2:	Payment of 50% of the annual fee on (or before) July 1 st , a further 25% on or before December 31 st and the final 25% on (or before) March 31 st . Post-dated cheques for December and March are due August 1 st .		

Reduction for Siblings

A reduction of five percent will be applied to the annual fees for each younger brother or sister who has an elder sibling currently enrolled in the School.

Extras

Additional charges, known as Extras, are made for goods and services supplied in addition to those mentioned above. Automatic charges include a student's weekly allowance, the annual "Ski Week" (\$500), and graduation fees (\$400 for Grade 12 students). The most common extras are for clothing and personal items bought in the Commissary, music lessons, House outings, personal transportation, optional trips and tours, and the services of doctors, dentists or hospital visits not covered by insurance. We recommend a deposit of \$1,000 be made on September 1st towards "Extras" charges.

Overdue Accounts - Extras

All overdue accounts will bear interest at the rate of 1.5% per month. Please note that interest will be charged on unpaid fees from the first day after the due date, regardless of billing dates.

Fee Guarantee

In view of the foregoing, fees are payable on an annual basis and no reduction or remission of fees will be allowed before the end of the School year except under the Fee Refund Plan. To ensure that other parents do not have to carry the costs of undischarged fee obligations, the School requires all who accept financial responsibility for a student to guarantee payment of a full year's fees.

Payment Methods

The School will accommodate post-dated cheques, automatic bank transfers and direct deposits. Please make transfers and direct deposits to the Royal Bank, account #01760-126-750-9 (Duncan, BC). Visa and MasterCard payments are accepted but the retailer's user charge of 2.5% is not absorbed by Shawnigan Lake School and will be added to your account.

Financial Aid

Families who wish to consider the School's Financial Aid Programme, which is based on family need, should check the appropriate box on the application. An Application for Financial Aid will be provided after the candidate receives his/her acceptance to Shawnigan.



THE FEE REFUND PLAN

All independent schools' expenses are incurred annually and Shawnigan Lake School, therefore, must require full payment of its fees for the entire academic year. This fact is stated in the Contract Form so that there shall be no questions in the mind of any parent or guardian enrolling their child as to their obligation.

Nevertheless, there are some situations that could arise when a student must leave the school before the academic year has been completed, and this can lead to financial difficulties for either parent or guardian and school. To alleviate such a situation, Shawnigan Lake School administers its own Fee Refund Plan. This Fee Refund Plan is mandatory for all parents or guardians.

Cost of Plan

The cost of entering the Plan is 4% of the net annual fees, up to a maximum of \$700 per family.

The Plan will provide the following benefits:

1. Medical Withdrawal

80% of the annual fee provided that the disability extends for 31 or more consecutive days, and that the illness or injury did not manifest itself prior to the effective date of coverage. This is for any physical disability certified to and treated by a legally qualified medical practitioner.

The refund for a medical withdrawal is calculated as follows:

Refund = <u>number of days left in the school year X net fees X 0.8</u> number of days in school year

2. Non-Medical Withdrawal or Dismissal

The Plan will refund 60% of the unused balance of the annual fee for non-medical withdrawal provided that the student has attended more than 14 consecutive days after the student's first day of attendance in the academic vear.

The refund for a non-medical withdrawal is calculated as follows:

Refund = <u>number of days left in the school year \mathbf{X} net fees \mathbf{X} 0.6 number of days in school year</u>

3. Expulsion

The Plan will refund 50% of the unused balance of the annual fee if the student has been expelled for reasons of discipline provided that the student has attended more than 14 consecutive days after the student's first day in attendance in the academic year.

The refund for an expulsion is calculated as follows:

Refund = number of days left in the school year \mathbf{X} net fees \mathbf{X} 0.5 number of days in school year

4. The balance of the unbilled fees will be charged prior to the refund being calculated.

EXCLUDED UNDER MEDICAL COVERAGE

- Illness which first manifested itself or injury which occurred before effective date of coverage.
- Absence or withdrawal due to any medical condition for which the student does not regularly receive treatment by a legally qualified medical practitioner during the period of absence or withdrawal.
- Absence or withdrawal due to the use of any drug, narcotic or an agent which is similarly classed or has similar effects unless it is given by and while under the care and attendance of a legally qualified practitioner.

EXCLUDED UNDER NON-MEDICAL COVERAGE

- Any withdrawal or dismissal prior to or within the first 14 consecutive days after the student's first class day of attendance in the academic year.
- Withdrawal or dismissal caused by any governmental order directed to the student.
- Destruction of any school facility due to any cause whatsoever.
- Inability of the school to operate and provide formal academic instruction, including closure for any reason.
- Boycotting of classes by the student.
- Withdrawal or absence from class attendance for the balance of the academic year due to completion of academic requirements or early graduation.
- Temporary non-medical absence, suspensions, or a change from resident to day status for any reason are not bases for claims.

Participation

The fee refund plan is mandatory for all parents and guardians. Should there be any enquiries regarding any part of this plan, please contact the Bursar's Office. Telephone: (250) 743-6452 Fax (250) 743-6269 Email: ced@sls.bc.ca