



**ST. BONAVENTURE'S  
COLLEGE**

**International Student Application**

**Student Information**

Family Name		Given Name		English Name	
<input type="checkbox"/> Male	Date of Birth: (m/d/y)		Nationality		Native Language
<input type="checkbox"/> Female					
Health Insurance					
Mailing Address/Street Address				Phone Number	
City		Province/State	Country	Postal Code/Zip Code	
How long do you want to study in Canada?					

Do you have any food allergies? If so, please list them.	
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Do you have any medical conditions? If so, please list them.	
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Are you on a medication that requires a prescription from a doctor? If yes, please list the medications Type of medication: Used for: When it is taken:	
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Mark the words which best describe you:			
<input type="checkbox"/> Curious	<input type="checkbox"/> Neat	<input type="checkbox"/> Intellectual	Other:
<input type="checkbox"/> Messy	<input type="checkbox"/> Friendly	<input type="checkbox"/> Talkative	
<input type="checkbox"/> Open-minded	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Thoughtful	
<input type="checkbox"/> Cautious	<input type="checkbox"/> Nature-loving	<input type="checkbox"/> Independent	
<input type="checkbox"/> Cautious	<input type="checkbox"/> Active	<input type="checkbox"/> Quiet	
<input type="checkbox"/> Serious	<input type="checkbox"/> Organized	<input type="checkbox"/> Sophisticated	
<input type="checkbox"/> Humorous	<input type="checkbox"/> Adventurous	<input type="checkbox"/> Competitive	

Do you like participating in sporting activities? If so, please list them:	
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Is regular religious attendance important to you? If so, please specify which faith.	
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Do you play a musical instrument?	
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What are your hobbies and interests? What do you do in your spare time?

<b>Family Members</b>		
Father's Surname	Given Name	English Name
Mailing Address (if different from above)		
City	State/Zip Code	Country
Father's Birthdate (d/m/y)	Telephone/Cellphone	Email
Mother's Surname	Given Name	English Name
Mailing Address (if different from above)		
City	State/Zip Code	Country
Mother's Birthdate (d/m/y)	Telephone/Cellphone:	Email

Message to School

<b>Signatures</b>	
Applicant Name (print):	Signature:
	Date:

Parent/Guardian Name (print):	Signature:
	Date:

CONTACT:  
 2A Bonaventure Ave St. John's NL A1C-6B3 Canada  
 Phone: 709-726-0024 Fax: 709-726-0148  
 Email: [Admissions@stbons.ca](mailto:Admissions@stbons.ca)

All information submitted on this form is for school use only and will not be distributed to any third party.