 **New Ambassador application form**

|  |  |
| --- | --- |
| Full name  |   |
| Gender  |   |
| Date of birth  |   |
| Email address  |   |
| Student phone number  |   |
| Emergency contact name  |   |
| Emergency contact phone number  |   |
| Regional Centre for Education  |   |
| Ambassador school  |   |
| Grade in September 2020  |   |
| **Do you have any allergies**  |
|     |
| **Do you have any special food or dietary requirements?**  |
|     |
| **Please list any required medical care/conditions:**  |
|     |
| **Please provide your health insurance number:**  |
|    |
| The Nova Scotia International Student Program may take photographs or ask for testimonials from participants throughout the course of their program participation. These photographs may be used during presentations and/or for advertising and promotional purposes on websites, flyers, brochures, etc. By signing this form, I give permission for my photographs, name, and/or testimonial to be used in NSISP promotional or marketing materials, including their website. This form must be read and signed by every student who wishes to participate in the NSISP ambassador program and by a parent or legal guardian of any participating student providing consent to be an NSISP Ambassador.  |
| **Student signature**  |    |
| **Date**  |    |
| **Parent/legal guardian name**  |    |
| **Parent/legal guardian signature**  |    |
| **Date**  |    |

**1. RCE’s**

a. Please send complete application once approved to admissions@nsisp.ca