



St. John's International School  
 395 West Broadway, Vancouver BC, V5Y 1A7  
 Tel: 604-683-4572 Fax: 604-683-4679  
 www.stjohnsis.com

## School Letter Request Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ PEN: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Type of School Letter:**

- Study Permit**                      **No. of Copies:** \_\_\_\_\_
- Canada Entry Visa**              **No. of Copies:** \_\_\_\_\_ *(Includes a copy of your recent **academic transcript**)*
- Travel Visa**                              **No. of Copies:** \_\_\_\_\_
- Other Purpose**                      **No. of Copies:** \_\_\_\_\_ *(Please specify: \_\_\_\_\_)*
- Parents Invitation Letter**      **No. of Copies:** \_\_\_\_\_ *(Please complete parent information below)*

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Passport No.: \_\_\_\_\_

Home Address in English: \_\_\_\_\_

Period of Visiting: \_\_\_\_\_

**Choose your request below:**

- I will pick up my school letter(s).
- Mail my school letter(s) to my home address.
- I will send someone to pick up my school letter(s). (Name of person: \_\_\_\_\_)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only*

Regular Service (5 – 15 working days)

Express Service (Next working day) - \$30.00                      Receipt Number: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_