

STUDENT INFORMATION

SURNAME (FAMILY NAME)		FIRST NAME		PREFERRED NAME	
<input type="checkbox"/> MALE	DATE OF BIRTH (DD/MONTH/YYYY)	AGE	CITIZENSHIP	COUNTRY OF BIRTH	EMAIL ADDRESS
<input type="checkbox"/> FEMALE					

PERMANENT ADDRESS (IN HOME COUNTRY)

STUDENT RESIDES WITH:

MOTHER BOTH
 FATHER OTHER (SPECIFY)

STREET ADDRESS

CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE
HOME TELEPHONE NUMBER (INCLUDE AREA CODE)		FAX NUMBER (INCLUDE AREA CODE)	EMAIL ADDRESS

PARENT AND FAMILY INFORMATION

FATHER'S SURNAME	FATHER'S FIRST NAME	OCCUPATION/TITLE
PRIMARY TELEPHONE NUMBER (INCLUDE AREA CODE)		WORK TELEPHONE NUMBER (INCLUDE AREA CODE)
EMAIL ADDRESS		
MOTHER'S SURNAME	MOTHER'S FIRST NAME	OCCUPATION/TITLE
PRIMARY TELEPHONE NUMBER (INCLUDE AREA CODE)		WORK TELEPHONE NUMBER (INCLUDE AREA CODE)
EMAIL ADDRESS		
FATHER'S DATE OF BIRTH (DD/MONTH/YYYY)		MOTHER'S DATE OF BIRTH (DD/MONTH/YYYY)
NAME/AGE OF SISTER(S) OR BROTHER(S)		

ACCOMPANYING FAMILY MEMBER (IF APPLICABLE)

MOTHER FATHER OTHER (PLEASE SPECIFY)

CUSTODIAN INFORMATION

(MUST BE A CANADIAN CITIZEN OR PERMANENT RESIDENT OVER 19 AND ASSUME THE ROLE OF OFFICIAL CONTACT FOR THE SCHOOL)

SURNAME (FAMILY NAME)	FIRST NAME	RELATIONSHIP TO STUDENT
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS		
HOME TELEPHONE NUMBER (INCLUDE AREA CODE)		CELL PHONE NUMBER (INCLUDE AREA CODE)
FAX NUMBER (INCLUDE AREA CODE)		

LOCAL CONTACT INFORMATION IN CANADA (IF DIFFERENT THAN CUSTODIAN)

SURNAME (FAMILY NAME)	FIRST NAME	RELATIONSHIP TO STUDENT
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS		
HOME TELEPHONE NUMBER (INCLUDE AREA CODE)		CELL PHONE NUMBER (INCLUDE AREA CODE)
FAX NUMBER (INCLUDE AREA CODE)		

AGENCY INFORMATION (IF APPLICABLE)

COMPANY NAME		CONTACT PERSON'S NAME	
STREET ADDRESS		CITY	
PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP	EMAIL ADDRESS
TELEPHONE NUMBER (INCLUDE AREA CODE)	CELL PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	

HOMESTAY PLACEMENT

- REQUIRED
- NOT REQUIRED
 (SHOULD YOU SELECT "NOT REQUIRED" YOU ACCEPT ALL RISKS ASSOCIATED WITH ARRANGING ACCOMMODATIONS AND CUSTODIANSHIP FOR YOUR CHILD).
- PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS REGARDING HOMESTAY PLACEMENT.

MEDICAL INFORMATION

PLEASE NOTE THAT SCDSB DOES NOT PROVIDE SPECIAL EDUCATION SUPPORT FOR INTERNATIONAL STUDENTS

LIST ANY MEDICAL CONDITIONS THAT SCHOOL STAFF SHOULD BE AWARE OF. FOR EXAMPLE, ADD/ADHD (ATTENTION DEFICIT, HYPER-ACTIVITY DISORDER), ANXIETY, DEPRESSION, ETC.)	LIST ANY MEDICATION(S) PRESCRIBED TO THE STUDENT
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SCHOOL PLACEMENT

THE SCDSB INTERNATIONAL STUDENT PROGRAM OFFICE WILL MAKE EVERY ATTEMPT TO PLACE THE STUDENT IN HIS/HER PREFERRED SCHOOL OF CHOICE; HOWEVER, THIS IS NOT ALWAYS POSSIBLE. SCDSB RESERVES THE RIGHT TO DETERMINE THE STUDENT'S FINAL SCHOOL AND GRADE PLACEMENT.

LIST THE SCHOOLS IN ORDER OF PREFERENCE (PLEASE VISIT WWW.STUDYINSIMCOECOUNTY.COM FOR SCHOOL PROFILES)

1.	2.	3.
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SECONDARY SCHOOL STUDY PLAN

PREFERRED GRADE ANTICIPATED START DATE (CHECK BOX FOR ALL OPTIONS)

SEPTEMBER FEBRUARY OTHER (SPECIFY)

DURATION OF STUDY (CHECK BOX FOR ALL OPTIONS)

1 SEMESTER 2 SEMESTERS (FULL YEAR) OTHER (SPECIFY)

EDUCATION GOALS (CHECK BOX FOR ALL OPTIONS)

ONTARIO SECONDARY SCHOOL DIPLOMA ONTARIO SECONDARY SCHOOL CREDITS
 ATTEND UNIVERSITY IN CANADA ATTEND COLLEGE IN CANADA OTHER (SPECIFY)

DEFERRAL POLICY

If a study permit is denied and the student wishes to re-apply, rather than request a refund, the student may request that his/her admission be deferred. A request for deferral must be received within 30 days of denial of the study permit. The original letter of refusal from Citizenship and Immigration Canada (CIC) must be submitted with the written request.

If a study permit is not issued in time for the student to attend the first day of classes, the student may request that admission be deferred to the following semester. If the study permit is not issued within the first two weeks of the commencement of the semester, the student's fees will automatically be deferred to the following semester.

REFUND POLICY

It is the policy of the Simcoe County District School Board to issue a refund only if the student is refused a study permit by Citizenship and Immigration Canada (CIC). To obtain a refund, the student must provide the following documentation within 30 days* of the date of issue of the original refusal letter from CIC:

- A written refund request signed by the parent(s) and student. The request must include the name and address of the person to whom the refund cheque should be made payable.
- The original letter of refusal from the CIC.
- The original SCDSB letter of acceptance.
- The original SCDSB tuition receipt.

*There will be no refund issued if the student fails to submit any of the above within 30 days.

Application fees are non-refundable.

There will be no refund of the tuition fee in the following circumstances:

- If the student chooses to withdraw for any reason after a SCDSB official Letter of Acceptance has been issued, unless the student is refused a study permit by CIC.
- If the student is found in violation of SCDSB policies or the SCDSB Code of Conduct and is asked to withdraw from school.
- If false medical information is given and conditions were not disclosed.

A partial tuition fee may be refunded if the student's immigration status changes to Canadian Permanent Resident during the school year. Contact the International Student Program Office for more information.

PARTICIPATION AGREEMENT

International students must comply with all Simcoe County District School Board policies and the Student Code of Conduct. Failure to follow school policy or to comply with the conditions of the study permit as stated by Citizenship and Immigration Canada (CIC) will result in the student being demitted.

The SCDSB is not responsible for any loss or injury. If the student becomes ill, incapacitated or is demitted, the student will be sent home at his/her own expense. Any disputes of a legal nature must be resolved through the courts of Ontario.

International students must have achieved an academic average of 65% and must maintain this average while attending school in order to be eligible for admission renewal.

Secondary School Students must maintain a full timetable (minimum of three courses per semester).

Students must notify the SCDSB International Student Program Office of a change of custodian.

For the purposes of administering the International Student Program, the Simcoe County District School Board shall exchange personal information of the student with their agency (Homestay or other), the custodian and the host family as appropriate. Such information may include academic records, behavioural issues and health and welfare concerns. Questions related to information sharing may be referred to the International Student Program Office.

I/We declare that all the information provided in this application is complete, correct and to the best of our knowledge.

I/We have read and agree to comply with the above conditions regarding the participation agreement, deferral and refund policy.

I/We have read, acknowledge and agree to all the guidelines and information pertaining to school admissions at SCDSB schools.

<input type="checkbox"/> YES	Student photographs, videotaped images and activities, voice recordings, artwork, writing or other school work may be recorded, displayed or used in board and school specific internet webpages, social media (Facebook, Twitter and/or Instagram) for documentation, presentation, media and/or promotional purposes of the Simcoe County District School Board. I/We the undersigned, consent to the use of the above noted records and images by the Simcoe County District School Board for the individual named below.
<input type="checkbox"/> NO	

<input type="checkbox"/> YES	I give my child permission to attend school and district-sponsored fieldtrips.
<input type="checkbox"/> NO	

SIGNATURE OF STUDENT	DATE (DD/MM/YYYY)
SIGNATURE OF PARENT	DATE (DD/MM/YYYY)
SIGNATURE OF PARENT	DATE (DD/MM/YYYY)

STUDENT INFORMATION

SURNAME	FIRST NAME
DATE OF BIRTH (DD/MM/YYYY)	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITIZENSHIP	FIRST LANGUAGE

INFORMATION ON CURRENT SCHOOL

NAME OF SCHOOL	LANGUAGE OF INSTRUCTION
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IS YOUR SCHOOL ONE OF THE FOLLOWING? (PLEASE CHECK THE APPROPRIATE BOX)

<input type="checkbox"/> REGULAR PUBLIC SCHOOL?
<input type="checkbox"/> INTERNATIONAL SCHOOL OFFERING CANADIAN CURRICULUM?
<input type="checkbox"/> INTERNATIONAL SCHOOL OFFERING BRITISH OR AMERICAN CURRICULUM?
<input type="checkbox"/> OTHER (PLEASE SPECIFY):

ADDITIONAL EDUCATION INFORMATION

HAVE YOU EVER ATTENDED AN INTENSIVE ENGLISH LANGUAGE TRAINING PROGRAM THAT INCLUDES INSTRUCTION FROM A NATIVE ENGLISH SPEAKER TEACHER OUTSIDE OF YOUR REGULAR STUDIES? YES NO

IF YES (PLEASE IDENTIFY PROGRAM):

HOW MANY HOURS OF INSTRUCTION PER CLASS?	<input type="checkbox"/> 1 HOUR OR LESS	<input type="checkbox"/> 2-3 HOURS	<input type="checkbox"/> 4-5 HOURS	<input type="checkbox"/> WHOLE DAY
HOW OFTEN DO YOU ATTEND EACH WEEK?	<input type="checkbox"/> ONCE A WEEK	<input type="checkbox"/> 2-3 TIMES A WEEK	<input type="checkbox"/> MORE THAN 3 TIMES A WEEK	<input type="checkbox"/> EVERY DAY
HOW LONG HAVE YOU BEEN ATTENDING THIS PROGRAM?	<input type="checkbox"/> 2-3 MONTHS	<input type="checkbox"/> 6 MONTHS	<input type="checkbox"/> 1 YEAR	<input type="checkbox"/> 1+ YEARS
DID YOU TAKE A TOEFL OR IELTS TEST? IF YES, WHAT WAS YOUR SCORE?	<input type="checkbox"/> TOEFL: NO	<input type="checkbox"/> TOEFL: YES SCORE:	<input type="checkbox"/> IELTS: NO	<input type="checkbox"/> IELTS: YES SCORE:

WHAT IS YOUR FAVOURITE SCHOOL SUBJECT AT PRESENT?

<input type="checkbox"/> LITERATURE	<input type="checkbox"/> MATH	<input type="checkbox"/> SCIENCE	<input type="checkbox"/> SOCIAL SCIENCE	<input type="checkbox"/> OTHER:
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LIST/NAME YOUR FAVOURITE HOBBIES OR EXTRA-CURRICULAR ACTIVITIES THAT YOU ATTEND REGULARLY:

PRELIMINARY COURSE SELECTION

 DO YOU REQUIRE COVALIDATION OF COURSES? YES NO

PLEASE SELECT THE MANDATORY/REQUIRED COURSES YOU NEED FOR COVALIDATION IN YOUR HOME COUNTRY:

<input type="checkbox"/> ESL	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> HISTORY	<input type="checkbox"/> MATH	<input type="checkbox"/> SCIENCE	<input type="checkbox"/> SOCIAL SCIENCE
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 PLEASE LIST ANY OTHER COURSES THAT YOU ARE REQUIRED TO TAKE DURING YOUR STUDIES IN CANADA BELOW:

PLEASE CHECK ANY OTHER COURSES THAT YOU ARE INTERESTED IN TAKING DURING YOUR STUDIES IN CANADA:

CATEGORY

ARTS & DESIGN	SCIENCES	SOCIAL SCIENCES	BUSINESS	TECHNOLOGY	OTHER
<input type="checkbox"/> VISUAL ARTS	<input type="checkbox"/> GENERAL (GRADES 9 & 10)	<input type="checkbox"/> GEOGRAPHY	<input type="checkbox"/> INTRODUCTORY BUSINESS	<input type="checkbox"/> COMMUNICATION TECHNOLOGY	<input type="checkbox"/> PHYSICAL EDUCATION
<input type="checkbox"/> MUSIC	<input type="checkbox"/> BIOLOGY	<input type="checkbox"/> HISTORY	<input type="checkbox"/> MARKETING	<input type="checkbox"/> COMPUTER TECHNOLOGY	<input type="checkbox"/> FOOD & NUTRITION
<input type="checkbox"/> GRAPHIC DESIGN	<input type="checkbox"/> CHEMISTRY	<input type="checkbox"/> PSYCHOLOGY	<input type="checkbox"/> INTERNATIONAL BUSINESS	<input type="checkbox"/> HOSPITALITY & TOURISM	
<input type="checkbox"/> FASHION	<input type="checkbox"/> PHYSICS	<input type="checkbox"/> POLITICAL SCIENCE	<input type="checkbox"/> FINANCIAL ACCOUNTING	<input type="checkbox"/> CONSTRUCTION TECHNOLOGY	

FUTURE GOALS

AFTER ATTENDING HIGH SCHOOL IN THE SIMCOE COUNTY DISTRICT SCHOOL BOARD, DO YOU PLAN TO ATTEND COLLEGE OR UNIVERSITY IN ONTARIO/CANADA TO CONTINUE YOUR STUDIES? (Please check)

 COLLEGE UNIVERSITY

DO YOU PLAN TO ATTEND UNIVERSITY IN YOUR HOME COUNTRY TO CONTINUE YOUR STUDIES? (Please check)

 UNIVERSITY

IF YES, WHAT AREA OF STUDY TO YOU WANT TO PURSUE IN COLLEGE/UNIVERSITY? (SELECT AS MANY AS NECESSARY)

<input type="checkbox"/> ARTS & DESIGN	<input type="checkbox"/> COMMERCE	<input type="checkbox"/> COMPUTER SCIENCE	<input type="checkbox"/> ENGINEERING	<input type="checkbox"/> MEDICAL SCIENCE
<input type="checkbox"/> MUSIC	<input type="checkbox"/> SCIENCE	<input type="checkbox"/> SOCIAL STUDIES	<input type="checkbox"/> UNDECIDED	<input type="checkbox"/> OTHER:

STUDENT'S SIGNATURE

DATE (DD/MM/YYYY)

PARENT'S SIGNATURE

DATE (DD/MM/YYYY)

DEAR TEACHER, COUNSELOR OR PRINCIPAL,

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM ON BEHALF OF THE BELOW-NAMED STUDENT WHO WISHES TO STUDY AT A HIGH SCHOOL IN THE SIMCOE COUNTY DISTRICT SCHOOL BOARD IN CANADA. IN ORDER TO ENSURE THAT YOUR EVALUATION IS HELD IN STRICT CONFIDENCE, PLEASE PLACE THIS COMPLETED FORM IN A SEALED ENVELOPE, THEN RETURN IT TO THE STUDENT TO SUBMIT WITH HIS/HER APPLICATION.

STUDENT INFORMATION

SURNAME	FIRST NAME
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SCHOOL INFORMATION

SCHOOL NAME	
STREET ADDRESS	CITY/PROVINCE/COUNTRY
NAME OF PERSON COMPLETING FORM	TITLE OR POSITION

PLEASE RATE THE STUDENT'S PERFORMANCE IN THE FOLLOWING AREAS, AS COMPARED TO HIS/HER CLASSMATES:

CATEGORY	EXCELLENT	GOOD	SATISFACTORY	UNSATISFACTORY
ADAPTABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDEPENDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP CAPACITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MINDSET TOWARDS STUDIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARTICIPATION IN CLASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOLASTIC APTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOLASTIC PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAM SPIRIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMMENT ON THE STUDENT'S ENGLISH PROFICIENCY:

ADDITIONAL COMMENTS:

SIGNATURE	DATE
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STUDENT INFORMATION

SURNAME	FIRST NAME
DATE OF BIRTH (DD/MM/YYYY)	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

EVERY STUDENT MUST HAVE A COMPLETE IMMUNIZATION RECORD ON FILE WITH THE SIMCOE MUSKOKA DISTRICT HEALTH UNIT IN ORDER TO ATTEND SCHOOL. IN ACCORDANCE WITH THE *IMMUNIZATION OF SCHOOL PUPIL'S ACT R.R.O. 1990 REG. 645* THE SIMCOE MUSKOKA DISTRICT HEALTH UNIT IS REQUIRED TO ENSURE THAT EACH CHILD ATTENDING SCHOOL IN SIMCOE COUNTY IS FULLY IMMUNIZED.

IMMUNIZATION HISTORY – PLEASE INCLUDE A COPY OF IMMUNIZATION RECORDS

THE FOLLOWING IMMUNIZATIONS ARE <u>MANDATORY</u> IN ONTARIO	DATE GIVEN (DD/MM/YYYY)					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus & Pertussis (DTaP)						
Poliovirus - IPV						
Measles, Mumps, Rubella vaccine (MMR)						
Meningococcal C (Men-C)						
Others: Please specify						

I hereby certify that this is a true record of the immunization received by the above named.

PHYSICIAN'S NAME	
PHYSICIAN'S ADDRESS	
CLINIC NAME	
PHYSICIAN'S SIGNATURE OR STAMP	DATE (DD/MM/YYYY)

FEE SCHEDULE 2017-2018		NEW STUDENTS	RETURNING STUDENTS
APPLICATION	APPLICATION FEE (NON-REFUNDABLE)	\$250.00	\$125.00
TUITION	ACADEMIC YEAR – 10 MONTHS (SEPTEMBER TO JUNE OR JANUARY TO FEBRUARY)	\$12,500.00	\$12,500.00
	ACADEMIC SEMESTER – 5 MONTHS (SEPTEMBER TO JANUARY OR FEBRUARY TO JUNE)	\$6,250.00	\$6,250.00
HOMESTAY	APPLICATION FEE (NON-REFUNDABLE)	\$450.00	\$225.00
	SECURITY DEPOSIT (REFUNDABLE)	\$500.00	\$500.00
	ACADEMIC YEAR (10 MONTHS)	\$8,750.00	\$8,750.00
	ACADEMIC SEMESTER (5 MONTHS)	\$4,375.00	\$4,375.00
	COST PER MONTH IF LESS THAN 5 MONTHS	\$875.00	\$875.00
	ADDITIONAL NIGHTS	\$35.00	\$35.00
	REGISTRATION FEE EACH ACADEMIC YEAR	\$250.00	\$250.00
CUSTODIANSHIP	MONITORING & REPORTING (PER MONTH)	\$50.00	\$50.00
	PICK-UP (MANDATORY)	\$225.00	\$225.00
AIRPORT TRANSFER	DROP-OFF (OPTIONAL)	\$175.00	\$175.00
	EACH ACADEMIC YEAR	\$600.00	\$600.00
	EACH ACADEMIC MONTH	\$60.00	\$60.00

DOCUMENT CHECKLIST		MANDATORY	OPTIONAL
<input type="checkbox"/>	STUDENT APPLICATION FORM (SIGNED AND DATED BY BOTH PARENTS AND STUDENT)	X	
<input type="checkbox"/>	LETTER OF RECOMMENDATION (COMPLETED AND SIGNED BY SCHOOL OFFICIAL)	X	
<input type="checkbox"/>	OFFICIAL COPIES OF SCHOOL REPORT CARDS, IN ENGLISH, FOR THE PAST 2 YEARS AND CURRENT YEAR (ENGLISH TRANSLATIONS MUST BE NOTARIZED)	X	
<input type="checkbox"/>	PHOTOCOPY OF PASSPORT OF BIRTH CERTIFICATE (PROOF OF NATIONALITY AND AGE)	X	
<input type="checkbox"/>	STUDENT IMMUNIZATION FORM (SIGNED AND DATED BY A PHYSICIAN) ALONG WITH A COPY OF AN UP-TO-DATE OFFICIAL IMMUNIZATION RECORD	X	
<input type="checkbox"/>	NOTARIZED CUSTODIANSHIP DECLARATION FORMS	X	
<input type="checkbox"/>	PROOF OF MEDICAL INSURANCE FOR THE DURATION OF APPLICANT'S PROGRAM (MUST BE COVERED FOR A MINIMUM OF 2 MILLION DOLLARS IN BENEFITS COVERAGE)	X	
<input type="checkbox"/>	HOMESTAY APPLICATION (SIGNED AND DATED BY BOTH PARENTS AND STUDENT)		X

FEES CHECKLIST		MANDATORY	OPTIONAL
<input type="checkbox"/>	APPLICATION FEE	X	
<input type="checkbox"/>	TUITION FEE	X	
<input type="checkbox"/>	HOMESTAY APPLICATION FEE AND SECURITY DEPOSIT (IF APPLICABLE)		X
<input type="checkbox"/>	HOMESTAY ACCOMMODATION FEE (IF APPLICABLE)		X
<input type="checkbox"/>	CUSTODIANSHIP REGISTRATION, MONITORING AND REPORTING FEES (IF APPLICABLE)		X
<input type="checkbox"/>	AIRPORT TRANSFER FEES (IF APPLICABLE)		X
<input type="checkbox"/>	MEDICAL INSURANCE FEE (IF APPLICABLE)		X
<input type="checkbox"/>	WIRE TRANSFER FEE (IF APPLICABLE). A TRANSFER FEE OF \$35.00 CAD WILL BE ADDED TO ALL WIRE TRANSFER PAYMENTS. THE NAMES OF THE ACCOUNT HOLDER AND THE STUDENT <u>MUST BE INCLUDED</u> IN THE WIRE TRANSFER DETAILS.		X

NOTE: PLEASE BE ADVISED THAT ALL FEES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE. ALL PROGRAM SERVICES ARE ONLY AVAILABLE TO STUDENTS WHO ARE 14 TO 17 YEARS OF AGE.

PAYMENT METHODS

THE APPLICATION FEE (\$250.00) MAY BE PAID BY VISA OR MASTERCARD BY COMPLETING THE PERMISSION FORM BELOW:	
CARD HOLDER'S NAME	
CREDIT CARD TYPE (VISA OR MASTERCARD) AND NUMBER	
EXPIRY DATE	
SECURITY CODE	
AMOUNT TO BE CHARGED	
STUDENT NAME	
CARDHOLDER'S SIGNATURE	
DATE	
PLEASE RETURN THIS FORM TO US BY EMAIL: STUDYINSIMCOE@SCDSB.ON.CA	

ALL OTHER FEES MAY BE PAID BY MONEY ORDER, BANK DRAFT OR CERTIFIED CHEQUE MADE PAYABLE TO THE SIMCOE COUNTY DISTRICT SCHOOL BOARD. THESE FEES MAY ALSO BE PAID BY DIRECT WIRE TRANSFER TO THE SIMCOE COUNTY DISTRICT SCHOOL BOARD'S BANK ACCOUNT.	
NOTE: A TRANSFER FEE OF \$35.00 CAD WILL BE ADDED TO ALL WIRE TRANSFER PAYMENTS. THE NAMES OF THE ACCOUNT HOLDER AND THE STUDENT <u>MUST BE INCLUDED</u> IN THE WIRE TRANSFER DETAILS.	
BANK NAME	TD CANADA TRUST
ADDRESS	33 COLLIER STREET, BARRIE, ONTARIO, CANADA L4M 1G5
BANK NUMBER	004
TRANSIT NUMBER	4 DIGIT: 2072 ** IF REQUIRES 5 DIGIT: 20722
ACCOUNT NUMBER	03060840413
SWIFT CODE	TDOMCATTOR

CONTACT INFORMATION

NAME	SIMCOE COUNTY DISTRICT SCHOOL BOARD INTERNATIONAL STUDENT PROGRAM
ADDRESS	1170 HIGHWAY 26, MIDHURST, ONTARIO, CANADA L9X 1N6
PHONE NUMBER	1-705-734-6363 EXTENSION 11211
EMAIL ADDRESS	STUDYINSIMCOECOUNTY@SCDSB.ON.CA
WEBSITE	WWW.STUDYINSIMCOECOUNTY.COM
HOURS OF OPERATION	8:30 AM TO 4:30 PM, MONDAY TO FRIDAY



Canada Homestay Network

International Student Homestay Application

Telephone: 1.877.441.4443
 Email: studentinfo@canadahomestaynetwork.ca
 Website: www.canadahomestaynetwork.ca

Please check one of the following:

- I require homestay and custodianship arrangements
 I require homestay arrangements only.

PERSONAL INFORMATION

SURNAME (FAMILY NAME) GIVEN NAMES ENGLISH NAME (if applicable)

PERMANENT MAILING ADDRESS

STUDENT'S EMAIL

TELEPHONE

PARENT'S EMAIL

TELEPHONE

Male Female

DATE OF BIRTH (Month Day Year)

NATIONALITY

LANGUAGE

ENGLISH SPEAKING ABILITY Beginner Low intermediate Intermediate Advanced Fluent

AGENT INFORMATION

AGENCY NAME:

CONTACT:

EMAIL:

TELEPHONE:

FAX:

SCHOOL IN CANADA

CITY

SCHOOL PROGRAM DATES

BEGINS:

ENDS:

PERIOD OF HOMESTAY REQUIRED (INDICATE DAY/MONTH/YEAR)

- Fall Semester
 Winter Semester
 Full Year (September-June)

- Full Year (February-January)
 Summer Program (July)
 Summer Program (August)

HOMESTAY REQUESTS

MEAL PLAN

- Full Board (3 meals)

PETS

- No Preference I don't like pets
 Cats OK I am allergic to pets
 Dogs OK
 Cats and Dogs OK

LIST FOODS YOU **DO NOT LIKE** TO EAT

LIST FOODS YOU **CANNOT** EAT

PLEASE INDICATE PREFERENCES FOR YOUR HOMESTAY (CHOICES ARE NOT GUARANTEED):

	YES	OK	NO	(If No, please tell us why)
Young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teenagers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Another student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Another student speaking the same mother tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Couple with no children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
No strong preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____



Canada Homestay Network

International Student Homestay Application

EXTRA SERVICES (Charges will apply)	
<input type="checkbox"/> Airport Pickup Service (on arrival) <input type="checkbox"/> Airport Return Service (on departure)	
PLEASE CHECK (✓) THE WORDS THAT BEST DESCRIBE YOUR NATURE	
<input type="checkbox"/> Outgoing <input type="checkbox"/> Shy	<input type="checkbox"/> Cheerful <input type="checkbox"/> Serious <input type="checkbox"/> Hardworking <input type="checkbox"/> Optimistic <input type="checkbox"/> Independent <input type="checkbox"/> Quiet <input type="checkbox"/> Neat <input type="checkbox"/> Studious <input type="checkbox"/> Other: _____
PLEASE CHECK (✓) THE ACTIVITIES WHICH INTEREST YOU	
<input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Biking <input type="checkbox"/> Board Games <input type="checkbox"/> Computers	<input type="checkbox"/> Concerts <input type="checkbox"/> Cooking <input type="checkbox"/> Dance <input type="checkbox"/> Fishing <input type="checkbox"/> Fitness <input type="checkbox"/> Golf <input type="checkbox"/> Hiking/walking <input type="checkbox"/> Hockey/Skating <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Martial Arts <input type="checkbox"/> Music: listening <input type="checkbox"/> Music: playing Your instrument: _____ <input type="checkbox"/> Paint/Draw <input type="checkbox"/> Photography <input type="checkbox"/> Reading <input type="checkbox"/> Skiing/ Snowboarding <input type="checkbox"/> Soccer <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Video Games
PLEASE DESCRIBE YOURSELF AND THE THINGS YOU WOULD LIKE TO DO WITH YOUR HOST FAMILY.	
HAVE YOU EVER LEFT YOUR FAMILY TO TRAVEL, OR FOR A SUMMER CAMP OR OTHER OVERNIGHT ACTIVITIES? PLEASE DESCRIBE YOUR EXPERIENCE.	
HOW WILL YOUR PARENTS REACT TO YOUR DECISION TO STUDY ABROAD? WILL THEY SUPPORT YOUR DECISION?	
MEDICAL INFORMATION	
Do you have any special medical conditions or needs? If Yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a history of any psychiatric, emotional or medical difficulties? If Yes, please explain. More detailed medical history documents may be requested. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you taking any medication? If Yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies? If Yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke? NOTE: If Yes, you must agree not to smoke inside your school and your Homestay Host's home (you may or may not be allowed to smoke outside on the Host's property). Do you agree not to smoke inside (including your bedroom)? Will you accept a homestay Host where there are smokers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No



Canada Homestay Network

International Student Homestay Application

PERSONAL HABITS

I like to wake up: very early when I have to. When I wake up I like to be quiet to talk to listen to music.

On school nights I usually go to bed at: _____ am/pm.

My curfew on school nights is: _____ am/pm or I don't have a curfew on weeknights.

My curfew on weekends is: _____ am/pm or I don't have a curfew on weekends.

When I go out with my friends, we like to: _____

I tidy up my own bedroom and make my own bed: yes no. If **No**, who does it for you: _____

My attitude towards school is: I like it a lot it's OK I don't really like it.

I usually do my homework: right after school after dinner before going to bed.

I spend about _____ hour(s) on the Internet each day.

YOUR FAMILY MEMBERS

NAME	RELATIONSHIP	AGE	OCCUPATION

PLEASE DESCRIBE HOW YOU LIKE TO SPEND TIME WITH EACH OF YOUR FAMILY MEMBERS.

WHAT IS YOUR FAVOURITE FAMILY TRADITION?

OTHER CONTACT (ENGLISH SPEAKING) IF DIFFERENT FROM AGENT

NAME:

RELATIONSHIP TO STUDENT:

EMAIL:

TELEPHONE #:

FAX:



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DECLARATION AND DISCLAIMER

Homestay is an important privilege and opportunity that provides enjoyment and other benefits, to students ("Participants") and their homestay hosts ("Homestay Hosts") alike. This Participation Agreement ("PA") is designed to clarify what is reasonably expected of Participants and their parents and/or guardian(s), confirm the commitment of the Participant and his/her parents and/or guardian(s) to comply with this PA and to specify the consequences, in the unlikely event that the Participant or his/her parents and/or guardian(s) fail(s) to comply with this PA.

Whereas the Participant has completed this CHN International Participant Homestay Application ("HA") in accordance with the CHN Homestay Program Payment Policy and Procedures which the Participant and his/her parents and/or guardian(s) hereby acknowledge that they have read, understand and are in agreement with), and in consideration of the provision of Homestay services by CHN, each of the Participant and his/her parents and/or guardian(s) hereby:

- A. Acknowledges and agrees that this PA forms part of the Participant's HA and all covenants, declarations, conditions and other terms and provisions therein.
- B. Declares that the information given in this HA is complete and correct to the best of their knowledge; and, further that incorrect or incomplete information represents a breach of this PA and is subject to the terms of paragraph F herein;
- C. Confirms that they have each read and agree to comply or to cause compliance, as the case may be, with the CHN Homestay Guide for International Students.
- D. Confirms, acknowledges and agrees that they have each read, understand and fully accept all CHN Invoice Terms and Conditions, including cancellation and refund policies.
- E. Agrees:
 1. to obey the laws of Canada;
 2. to refrain from bringing improper, objectionable, unsuitable or otherwise inappropriate or illegal substances or materials into the Homestay Host family home;
 3. to not use drugs or medication unless prescribed by a registered physician and labeled in English;
 4. to behave as a considerate and respectful member of the Homestay Host family by:
 - a. accepting any Homestay Host, regardless of their race; national or ethnic origin; colour; religion; gender; age; mental disability; physical disability; and/or sexual orientation, all in accordance with the Canadian Charter of Rights and Freedoms;
 - b. making an effort to talk with and be part of the Homestay Host household ("Homestay Household") and participate in their activities;
 - c. helping in and around the Homestay household, accepting responsibility for reasonable jobs, including keeping his/her room clean, helping with the dishes and doing his/her own laundry;
 - d. observing the Homestay Household rules, especially concerning the operation of any household appliances, fixtures, bathroom, laundry and other facilities (to limit the risk of injury or damage) and curfews;
 - e. telling his/her Homestay Host where he/she is going and when he/she will be home, in the event that he/she intends to go out; and If he/she is likely to be late home, contacting and informing his/her Homestay Host(s);
 - f. practicing regular and proper personal hygiene;
 5. when enrolled in an academic program of study, to remain in good academic standing, as defined by the school or school board/district;
 6. to meet with CHN representatives upon request, and no more than three (3) days following the request;
 7. to complete CHN evaluation forms and/or satisfaction surveys upon request;
 8. to pay for any and all expenses incurred by the Participant or on the Participant's behalf (including but not limited to any losses or damages caused by the Participant, the Participant's long distance telephone, cell phone, internet usage expenses and/or medical expenses); and



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9. to obtain and maintain in force adequate and valid medical, travel and liability insurance (including for sickness, personal injury, personal liability and personal property) and to provide CHN, upon request, with evidence satisfactory to CHN, of such insurance
 10. to not purchase or consume tobacco or alcoholic beverages;
 11. to not drive a motor vehicle or operate a motorcycle or motor scooter or other motorized form of transportation, including watercraft, unless as part of the school-based Driver's Education Course and at the discretion of CHN; and to not purchase, rent or otherwise arrange for the use of any such object.
 12. to observe the CHN curfew of 6:00 on school nights, and on Fridays and Saturdays as follows: Grades 6-8: 9:30 p.m.; Grade 9: 10:00 p.m.; Grade 10: 11:00 p.m.; Grade 11: 11:30 p.m.; Grade 12: 12:00 p.m
 13. to provide CHN with timely access to any information concerning the Participant's performance, behaviour and other experience at school including without limitation, course/subject selection, academic reports, correspondence, memoranda, assessments, test results and extra-curricular activities, as well as timely notice of and the right to attend any meetings, case conferences or interviews regarding him/her. The Participant and his/her parents and/or guardian(s) confirm that he/she/they consider the sharing of such information with and otherwise giving access to CHN is essential to the proper exercise of this PA and as such hereby declare that they, by executing this PA, give his/her/their consent under applicable privacy legislation in Canada to do so;
 14. to consent to the sharing by CHN or the Host with the school or school board with whom the Participant will be or has registered and its applicable personnel of Participant's personal information.
- F. Acknowledges and agrees:
1. that in the event of a breach of this PA by the Participant and/or his/her parents and/or guardian(s), CHN reserves the right, in its sole and absolute discretion, to:
 - a. notify the Participant and his/her parents and/or guardian(s) of the breach (by fax or email or telephone) and provide the Participant and his/her parents and/or guardian(s) with a specified time frame within which to remedy the breach to the satisfaction of CHN; and/or
 - b. relocate the Participant to another and final Homestay Household, at the expense of the Participant and his/her parents and/or guardian(s) and without refund of any unused and prepaid Homestay Host fees paid to the first Homestay Host(s); or
 - c. expel the Participant from the CHN International Participant Homestay Program ("Program") and the Participant's Homestay Household, on one (1) hour's written notice; and
 - d. notify Citizenship and Immigration Canada of the breach (with the result that the Participant's Study Permit or Visa may be revoked); and/or direct the Participant's parents and/or guardian(s) to arrange for the Participant's return home via the first available flight, at the Participant's, and his/her parents' and/or guardian's(s') risk and expense. The Participant's parents and/or guardian(s) agree to make such arrangement for the Participant's return home and take full responsibility for the care, custody and control of the Participant upon the Participant being expelled from the Program.
 2. that the consequences of a breach of this PA by the Participant and/or his/her parents and/or guardian(s) (including but not limited to the consequences described in paragraph F herein) are without recourse to CHN, and its officers, directors, employees, representatives, agents and independent service providers (including but not limited to any Homestay Host(s) and transportation service provider(s)).
- G. Agrees to reimburse CHN on demand, its fees and expenses related to any breach of this PA, including without limitation, its legal fees and related costs.
- H. Waives, releases and absolves and agrees to indemnify and save harmless CHN and its officers, directors, employees, representatives, agents and independent service providers (including but not limited to the Homestay Host(s) and transportation service provider(s) selected for the Participant) from any and all liability for any and all of the Participant's losses and damages (including, but not limited to, the loss or theft of the Participant's money and the damage, loss or theft of the Participant's personal property), personal injuries, or death, however caused.



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Each of the undersigned fully understands this PA and agrees to all of its terms and conditions. This agreement was drawn up in English as the express wish of the Participant.

Full Name			
Signature		Date	
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (please specify):		
Full Name			
Signature		Date	
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (please specify):		
Full Name			
Signature		Date	



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STUDENT LETTER

In this letter to your host family, please tell us about yourself and about why you are applying to study in Canada. You may include your future goals, a little about your life at home and at school in your own country, what you are looking for in a homestay family, and any particular areas of interest you would like to learn about while in Canada.

Student Photograph

Student's Signature

Date:



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PARENTAL LETTER OF INTRODUCTION

Please write a letter describing your child's personality, interests, relationships, future aspirations and home life. Feel free to add any other relevant information which may be helpful to a teacher or host family.

Parent or Guardian's Signature

Date:



CUSTODIANHIP DECLARATION – PARENTS/GUARDIANS FOR MINORS STUDYING IN CANADA

STUDENT INFORMATION			
Student's full name	Citizenship	Date of Birth YYYY/MM/DD	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Name and address of school in Canada			
Simcoe Country District School Board 1170 Highway 26 Midhurst, ON L9X 1N6			
Address where student will reside in Canada			
TO BE ADVISED BY CHN PRIOR TO ARRIVAL IN CANADA			
PARENTS/GUARDIANS INFORMATION (Preferably from both parents/guardians)			
	Parent/Guardian 1	Parent/Guardian 2	
Full name			
Date of birth	YYYY/MM/DD	YYYY/MM/DD	
Home address			
Telephone number			
Email			
CUSTODIAN INFORMATION			
Full name	Status in Canada	Date of birth YYYY/MM/DD	
Allison Elizabeth Byram	<input checked="" type="checkbox"/> Canadian citizen or <input type="checkbox"/> Permanent resident	1991/08/03	
Current residential address		Telephone number	
3909 Guest Rd. Innisfil, ON L9S 2T2		705 481 7571 x 2072	

My/Our child will reside: with the appointed custodian, in the school dormitory, or
 with another person: in a homestay personally inspected and approved by CHN, with homestay hosts (the "Hosts") personally interviewed and approved by CHN

I/We, _____ and _____ (names of parents/guardians),
 the parents/guardians of the said student, _____ (name of Student), hereby grant full custodianship to Allison Elizabeth Byram _____ (name of Custodian), as long as the student is enrolled and in good standing at his/her school, or until the Student reaches the age of majority in the province in which he/she resides (collectively, the "Custodianship Term"), whichever occurs first. I/We also declare as follows:

1. That I/we am/are the Parent(s) or the Legal Guardian of the Student;
2. That I/we appoint the Custodian and any qualified person who is duly authorized by the Custodian to act for and in the place and stead of the Custodian (the "Custodian's Representative") to ensure that the Student is provided with accommodation in a homestay personally inspected and approved by CHN, with homestay hosts (the "Hosts") personally interviewed and approved by CHN, where the Student will have three (3) nutritious meals per day;
3. That I/we give permission to the Custodian, and /or the Custodian's Representative, and where applicable, any teacher and/or other appropriate staff member of the School and/or the Hosts, to arrange for medical attention for the Student when possible in the event of illness or injury of which any of the foregoing persons has knowledge, without recourse, as more fully described in the CHN Student Homestay Application (the "SHA") and



- the CHN Student Participation Agreement (the "SPA").
4. That as a condition of this appointment, I/we agree to and have signed the SHA and the SPA for the Student.
 5. That as a further condition of this appointment, I/we hereby assure the Custodian and/or the Custodian's representative that the Student will be enrolled in the School and while enrolled will be in good standing at the School and that the Student will reside with and be in good standing with the Hosts during the Custodianship Term, failing either of which, I/we agree to be bound by and be liable for the consequences of such failure as contained in the SPA for the Student.
 6. That as a further condition of this appointment, and in furtherance of the interests of the Student, I/we hereby direct the Student and the School to provide the Custodian and/or the Custodian's Representative with timely access to any information concerning the Student's performance, behaviour and other experience at the School including without limitation, course/subject selection, academic reports, correspondence, memoranda, assessments, test results and extra-curricular activities, as well as timely notice of and the right to attend any meetings, case conferences or interviews regarding the Student. I/we hereby confirm that I/we consider the sharing of such information with and otherwise giving access to the Custodian and/or the Custodian's Representative as provided above in this Clause are essential to the proper exercise of this appointment and of the role of a custodian and as such hereby declare that this shall constitute my/our consent under applicable privacy legislation in Canada to do so.
 7. That I/we certify that this is my/our only Appointment of Custodian of the Student, and for greater certainty, I/we hereby revoke any other appointments relating to custodianship of the Student.
 8. That I am/we are satisfied the above appointed custodian resides within a reasonable distance of my/our child's intended residence and school and will be able to fulfil his/her obligations as a custodian in the event of an emergency.

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Signature of parent/guardian (1)	Date YYYY/MM/DD	Signature of parent/guardian (2)	Date YYYY/MM/DD
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Sworn before me at: _____ (city), in the province of _____,
 _____ country (if applicable).

This _____ day of _____ (month), _____ (year).

 Signature of notary OFFICIAL SEAL OF NOTARY PUBLIC