

## STUDENT INFORMATION

SURNAME (FAMILY NAME)		FIRST NAME		PREFERRED NAME	
Gender	DATE OF BIRTH (MM/DD/YYYY)	AGE	CITIZENSHIP	COUNTRY OF BIRTH	STUDENT EMAIL ADDRESS (REQUIRED)

## PERMANENT ADDRESS (IN HOME COUNTRY)

STUDENT RESIDES WITH:

☐ MOTHER      BOTH  
☐ FATHER      OTHER (SPECIFY)

STREET ADDRESS

CITY	PROVINCE/STATE	COUNTRY	POSTALCODE
PRIMARY TELEPHONE NUMBER (INCLUDE AREA CODE)		ALTERNATE PHONE NUMBER	EMAIL ADDRESS

## PARENT AND FAMILY INFORMATION

FATHER'S LAST NAME		FATHER'S FIRST NAME	
PRIMARY TELEPHONE NUMBER (INCLUDE AREA CODE)		ALTERNATE TELEPHONE NUMBER	EMAIL ADDRESS
MOTHER'S LAST NAME		MOTHER'S FIRST NAME	
PRIMARY TELEPHONE NUMBER (INCLUDE AREA CODE)		ALTERNATE TELEPHONE NUMBER	EMAIL ADDRESS

## ACCOMPANYING FAMILY MEMBER (IF APPLICABLE)

☐ MOTHER      ☐ FATHER      ☐ OTHER (IF 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)

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT	
STREET ADDRESS					
CITY	PROVINCE	POSTAL CODE	EMAIL ADDRESS		
PRIMARY PHONE NUMBER (INCLUDE AREA CODE)		ALTERNATE PHONE NUMBER	WILL THE STUDENT BE LIVING WITH CUSTODIAN?		

## HOST FAMILY 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

## HOST FAMILY INFORMATION IN CANADA (IF KNOWN AT TIME OF REGISTRATION)

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT	
STREET ADDRESS					
CITY	PROVINCE	POSTAL CODE	EMAIL ADDRESS		
PRIMARY TELEPHONE NUMBER (INCLUDE AREA CODE)		ALTERNATE PHONE NUMBER			

**SERVICE PROVIDER INFORMATION** (IF YOU ARE COMING IN THROUGH AN AGENCY)

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

**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

**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](http://WWW.STUDYINSIMCOECOUNTY.COM) FOR SCHOOL PROFILES)

1.	2.	3.
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**SECONDARY SCHOOL STUDY PLAN**

<b>PREFERRED GRADE</b>	<b>ANTICIPATED START DATE (CHECK BOX FOR ALL OPTIONS)</b>		
	SEPTEMBER	FEBRUARY	OTHER (SPECIFY)
<b>DURATION OF STUDY (CHECK BOX FOR ALL OPTIONS)</b>			
1 SEMESTER	2 SEMESTERS (FULLYEAR)	IF OTHER - YOU MUST SPECIFY DATES HERE----->	
<b>EDUCATION GOALS (CHECK BOX FOR ALL OPTIONS)</b>		<b>1ST DAY TO ATTEND CLASS</b>	<b>LAST DAY TO ATTEND CLASS</b>
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.

### INFORMATION ON CURRENT SCHOOL

NAME OF SCHOOL	LANGUAGE OF INSTRUCTION
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 SPEAKING 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

DOES YOUR HOME SCHOOL REQUIRE COVALIDATION OF TRANSCRIPTS?

☐ 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 BELOW ANY OTHER COURSES THAT YOU ARE REQUIRED TO TAKE DURING YOUR STUDIES IN CANADA:

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?

IF YES, WHAT AREA OF STUDY DO 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 (MM/DD/YYYY)

PARENT'S SIGNATURE

DATE (MM/DD/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.

### 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 (MM/DD/YYYY)
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## Required Vaccines for School Attendance for International Students

### STUDENT INFORMATION

FAMILY NAME	FIRST NAME
DATE OF BIRTH (MM/DD/YYYY)	GENDER

**All students who study in Ontario, Canada must provide proof of immunization. This information is required by law, under the Immunization of School Pupils Act (ISPA).**

### Important information:

- This form **MUST** be completed and signed by a physician
- Vaccine records submitted with this application **MUST** be translated into English
- Students who do not have proof all of the required immunizations could be suspended from school
- Student immunization records will be forwarded by the school to the Simcoe Muskoka District Health Unit for review.
- The following immunizations are mandatory in Ontario: Diphtheria; Tetanus; Pertussis; Measles; Mumps; Rubella; Meningococcal (Men-C-ACY-W135); Varicella (born 2010 or later).

- Please enter dates in the table below (YYYY-MM-DD):

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
<b>Diphtheria</b> (5 doses required from 0-7 yr. 1 dose between 14-16 yrs).						
<b>Tetanus</b> (5 doses required from 0-7 yr. 1 dose between 14-16 yrs).						
<b>Pertussis</b> (5 doses required from 0-7 yr. 1 dose between 14-16 yrs).						
<b>Poliomyelitis</b> (4 doses required from 0-7 yr).						
<b>Measles</b> (2 doses after the first birthday).						
<b>Mumps</b> (2 doses after the first birthday).						
<b>Rubella</b> (1 dose after the first birthday).						
<b>Meningococcal</b> (Men-C-ACY-W135 is required for those in Gr 7 or above).						
<b>Varicella</b> (2 doses required after first birthday. <b>Only required for students born after 2010</b> ).						

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

PHYSICIAN'S NAME

PHYSICIAN'S ADDRESS

CLINIC NAME

PHYSICIAN'S SIGNATURE OR STAMP

## 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 field trips.
<input type="checkbox"/> NO	

SURNAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)
SIGNATURE OF STUDENT →		DATE (DD/MM/YYYY)
SIGNATURE OF PARENT →		DATE (DD/MM/YYYY)
SIGNATURE OF PARENT →		DATE (DD/MM/YYYY)