

**STUDENT INFORMATION**

SURNAME (FAMILYNAME)		FIRSTNAME		PREFERRED NAME	
<input type="checkbox"/> MALE	DATE OF BIRTH (MM/DD/YYYY)	AGE	CITIZENSHIP	COUNTRY OF BIRTH	EMAIL ADDRESS (REQUIRED)
<input type="checkbox"/> FEMALE					

**PERMANENT ADDRESS (IN HOME COUNTRY)**

STUDENT RESIDES WITH:

MOTHER  BOTH  
 FATHER  OTHER (SPECIFY)

STREET ADDRESS

CITY	PROVINCE/STATE	COUNTRY	POSTALCODE
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 (MM/DD/YYYY)		MOTHER'S DATE OF BIRTH (MM/DD/YYYY)
NAME/AGE OF SISTER(S) OR BROTHER(S)		

**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)

SURNAME (FAMILYNAME)	FIRSTNAME	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 (FAMILYNAME)	FIRSTNAME	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

**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>			
<input type="checkbox"/> 1 SEMESTER	<input type="checkbox"/> 2 SEMESTERS (FULL YEAR)	<input type="checkbox"/> OTHER (SPECIFY)	
<b>EDUCATION GOALS (CHECK BOX FOR ALL OPTIONS)</b>			
<input type="checkbox"/> ONTARIO SECONDARY SCHOOL DIPLOMA	<input type="checkbox"/> ONTARIO SECONDARY SCHOOL CREDITS		
<input type="checkbox"/> ATTEND UNIVERSITY IN CANADA	<input type="checkbox"/> ATTEND COLLEGE IN CANADA	<input type="checkbox"/> 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.

### STUDENT INFORMATION

SURNAME	FIRST NAME
DATE OF BIRTH (MM/DD/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 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

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 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? (Please check)

UNIVERSITY

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. 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 (MM/DD/YYYY)
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**STUDENT INFORMATION**

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

**Required Vaccines for School Attendance for International Students**

The table below outlines requirements for those immunized starting in infancy

	Doses	Booster Doses	Total doses
Diphtheria	5 doses from 0-7 years old	Booster Dose of Tdap vaccine given at 14-16 years of age	6
Tetanus	5 doses from 0-7 years old		6
Pertussis	5 doses from 0-7 years old		6
Poliomyelitis	4 doses under 7 years old	None	4
Measles	2 doses after the first birthday	None	2
Mumps	2 doses after the first birthday	None	2
Rubella	1 dose after the first birthday	None	1
Meningococcal Disease	At least 1 dose required after 12 years old	Men-C-ACY-W135 vaccine required for those Gr 7 and above	1
Varicella Disease ***Only required for students born 2010 and later	2 doses after the first birthday	None	2

If a student was not immunized from infancy, or their schedule does not coincide with that outlined in the above table, please contact the health unit.

EVERY STUDENT MUST HAVE A COMPLETE IMMUNIZATION RECORD ON FILE WITH THE SIMCOE MUSKOKA DISTRICT HEALTH UNIT 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 HAS A COMPLETE RECORD.

Vaccine records submitted with this application MUST be translated into English. The following immunizations are mandatory in Ontario: Diphtheria; Tetanus; Pertussis; Polio; Measles; Mumps; Rubella; Meningococcal (Men-C-ACY-W135); Varicella (born 2010 and later)

**Questions about vaccines in Ontario?** Visit [www.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org)

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	

## 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)