



York Catholic District School Board

INTERNATIONAL STUDENT APPLICATION PROCEDURE

2012 – 2013 ACADEMIC YEAR

STEPS TO FOLLOW

- APPLICATION:** The enclosed **Admin.84** Application Form must be fully completed.
- EDUCATIONAL DOCUMENTS:** Student’s official report cards/transcript of marks are required for the last two years plus current. *(documents must be officially translated into English)*
- GUARDIANSHIP DECLARATION – (PARENT/LEGAL GUARDIAN):** Form must be completed and notarized in the home country. *(form is included in this package)*
- GUARDIANSHIP AFFIDAVIT – (CANADIAN GUARDIAN):** Proof of guardianship as defined by the Board. Must be an original copy. If a new guardian is appointed during the academic year, an original copy of the new Guardianship Affidavit must be submitted to the Admissions Office immediately. *(form is included in this package; to be completed, signed and sealed by a Solicitor or Notary Public).*
- GUARDIAN RESPONSIBILITY AGREEMENT – (CANADIAN GUARDIAN):** Must be completed and signed. *(form is included in this package)*
- FEE SCHEDULE – Fees are subject to change without prior notice**

TUITION FEE (full academic year- New & Returning Student)	Applications Received Before May 31, 2012	Applications Received After June 1, 2012
Elementary Panel (JK-8)	CDN \$12,000.00	CDN \$12,200.00
Secondary Panel (9-12)	CDN \$13,000.00	CDN \$13,200.00
APPLICATION FEE	(New student only)	CDN \$150.00 non-refundable
RENEWAL FEE	(Returning student only)	CDN \$100.00 non-refundable

Note: Payment for each Fee must be made, individually, in Canadian Dollars, by Certified Cheque or Bank Draft, payable to: **York Catholic District School Board.**

- HEALTH INSURANCE COVERAGE:** Health insurance is mandatory. Please complete the enclosed application form and return it to the Admissions Office with the appropriate premium fee. Premium payment must be made in Canadian Dollars, by Certified Cheque or Bank Draft, payable to: **York Catholic District School Board.**
- STUDY PERMIT: *Upon arrival of the student a copy of the Study Permit must be submitted to the Admissions Office.***
- REFUND POLICY:**
 - There will be **no refund** of tuition fee after a Letter of Acceptance has been issued, if the student withdraws for any reason.
 - There will be **no refund** of tuition fee if the student is found in violation of school regulations and asked to withdraw from the school.
 - There will be **no refund** of tuition fee if the student changes immigration status during the school year. For instance, students who become permanent residents or landed immigrants of Canada after tuition fee is paid **will not** be eligible for a refund.
 - If a Study Permit is denied, the original letter of rejection from Citizenship & Immigration Canada and the original Letter of Acceptance must be presented to the Admissions Office. The tuition fee will be refunded less \$500.00 administration fee.

The Elementary school program provides Junior Kindergarten to Grade 8 and the Secondary school program from Grade 9 to Grade 12.

CHOICE OF SCHOOL: All spaces are assigned on a first come basis. Every effort will be made to place the student at the school of first choice. Please refer to the enclosed "School Directory". *Students are placed in their age appropriate grade, as per Ministry of Education of Ontario requirements.*

MINIMUM ACADEMIC AVERAGE REQUIRED: 65% or equivalent & no failures -per academic year-

The Admissions Office will process the student application upon receipt of the following documents and fees: ***(Failure to comply may result in the return of the application package or delay the application process)***

- Completed Application Form - Admin. 84
- Educational Documents (*official report cards/transcript of marks for the last two years + current*)
- Tuition Fee
- Application Fee
- Health Insurance application with appropriate premium fee
- Guardianship Declaration – (Parent/Legal Guardian)
- Guardianship Affidavit – (Canadian Guardian)
- Guardian Responsibility Agreement – (Canadian Guardian)
- Roman Catholic Baptismal Certificate (*elementary school students only when available*)
- Agreement (Non-Catholic International Student) (*elementary school students only*)
- Immunization Record
- Preliminary Course Selection form (*secondary school students only*)

Note: All forms must be completed in English, and all documentation submitted must be officially certified and translated into English.

Upon approval of the application, the Admissions Office will issue a "Letter of Acceptance" required by Citizenship & Immigration Canada when applying for a Study Permit.

For Secondary school students only. As soon as the guardian becomes aware of the student's arrival date in Canada, the guardian must contact **the ESL/ELD Reception Centre** www.ycdsb.ca/Departments/Admissions/ESL/ELD-Placement-Newcomers to arrange for an appointment for the student's Educational Assessment: Teresa Orsini, Centre Secretary (ext. 12432) or Leanne Rosteing, ESL/ELD Teacher Assessor (ext. 13048). When coming to the Centre for the assessment, the student **must** be accompanied by the Guardian.

To apply for a Study Permit, you may refer to the Citizenship and Immigration Canada website at: <http://www.cic.gc.ca>.

We take this opportunity to thank you for your interest in the York Catholic District School Board. For further information or assistance, please contact the Admissions Office Staff.

ADMISSIONS OFFICE

York Catholic District School Board
320 Bloomington Road, West
Aurora, Ontario L4G 0M1

Tel.: (416) 221-5050 or (905) 713-2711

Fax: (905) 713-1279

Website: <http://www.ycdsb.ca/departments/Admissions/international.htm>

Lida Shklar-Devine, ext. 12451

E-mail: Lida.Shklar-Devine@ycdsb.ca

Bruna Vercillo, ext. 12453

E-mail: bruna.vercillo@ycdsb.ca

Connie Woo, ext. 12450

E-mail: Connie.Woo@ycdsb.ca



INTERNATIONAL STUDENT APPLICATION FORM ELEMENTARY & SECONDARY

FOR OFFICE USE

Study Permit	<input type="checkbox"/>
Health Insurance	<input type="checkbox"/>
Guardianship Declaration	<input type="checkbox"/>
Guardianship Affidavit	<input type="checkbox"/>
Guardian Agreement	<input type="checkbox"/>
Baptismal Certificate	<input type="checkbox"/>
Agreement (Non-Catholic)	<input type="checkbox"/>

STUDENT INFORMATION

PLEASE PRINT CLEARLY

LAST NAME	FIRST NAME	MIDDLE NAME

Registered Grade _____ Male Female Birthdate _____
month/day/year

STUDENT'S CANADIAN RESIDENCE INFORMATION

Name of Homestay Family _____
Last Name _____
First Name of Homestay Mother _____ Father _____
Address _____ Apt./Unit # _____
City _____ Province _____ Postal Code _____
Homestay Residence Tel. # () Cell # () Please indicate: Mother's
Father's

AGENT INFORMATION Mr./Mrs./Ms. (please circle one)

Name _____
Address _____
City _____ Province _____
Country _____ Postal Code _____
Bus. Tel. # ()
Cell # ()
Fax # ()
Email Address _____
Agency Name _____

Please indicate if Agent is the Guardian Yes No **GUARDIAN INFORMATION** Mr./Mrs./Ms. (please circle one)
MUST BE PERMANENT RESIDENT IN CANADA

Name _____
Address _____
City _____ Province _____
Postal Code _____
Res. Tel. # ()
Bus. Tel. # ()
Cell # ()
Email Address _____

If no, please complete Guardian Information

PARENT(S) INFORMATION (IN HOME COUNTRY)**MOTHER** Mrs./Ms. (please circle one)

Name _____
Address _____
City _____ Province _____
Country _____ Postal Code _____
Res. Tel. # ()
Bus. Tel. # ()
Cell # ()
Email Address ()

FATHER

Name _____
Address _____
City _____ Province _____
Country _____ Postal Code _____
Res. Tel. # ()
Bus. Tel. # ()
Cell # ()
Email Address ()



Student's Name _____

INTERNATIONAL STUDENT APPLICATION FORM

STUDENT INFORMATION

HOME LANGUAGE

1. Primary Language:
Language in which student is most fluent _____

2. Home Language:
Main Language spoken in a student's home _____

3. Did you study English before applying to the York Catholic District School Board?
If yes, how long? _____

EDUCATION

Last school attended _____

Please indicate highest level, form, year or grade that you have completed _____

Do you presently attend school? Yes _____ No If no, last date attended _____
level/form/year/grade

Please list the current language of instruction _____

All original Transcripts or school records from the current year and the last two years must be officially certificated and translated into English. **Failure to comply may result in the return of the application package or delay the application process.**

OTHER INFORMATION

Has your child ever been expelled from another school? Yes No If yes, was the student re-admitted? Yes No

Is the student currently under suspension from any school? Yes No

Has your child ever received/required special education services Yes No

NOTE: Failure to disclose above may result in demission of student with no refund.

Do you plan to apply for admission to College or University after completion of the Ontario Secondary School Diploma? Yes No

ADMISSION INFORMATION

Secondary Level: Indicate placement requirement

A) September to June (Full Academic Year)

B) September to January (First Semester)

C) February to June (Second Semester)

Elementary Level: September to June (Full Academic Year)

Or indicate start and leave date from: _____ to: _____
month/day/year month/day/year

Choice of School: We will attempt to provide placement at your 1st choice school. Please indicate the names of the schools you wish to attend in preference order:

1st _____ 2nd _____ 3rd _____

GRADE PLACEMENT

All International visa students are placed in their age appropriate grade, as per the Ministry of Education requirements.



Student's Name _____

INTERNATIONAL STUDENT APPLICATION FORM

CONDITIONS OF ATTENDANCE

All International visa students must comply with all YCDSB policies and the Student Code of Behaviour. All International students attending an elementary or a secondary school, regardless of their age, whether accompanied by a parent or not, **must have** a Canadian Guardian who is a permanent Resident. Students Failure to follow school policy or to comply with the conditions stated herewith may result in the student being demitted with no refund of tuition fee.

REFUND POLICY

- There will be **no refund** of tuition fee after a Letter of Acceptance has been issued, if the student withdraws for any reason.
- There will be **no refund** of tuition fee if the student is found in violation of school regulations and asked to withdraw from the school.
- There will be **no refund** of tuition fee if the student changes immigration status during the school year. For instance, students who become permanent residents or landed immigrants of Canada after tuition fee is paid will not be eligible for a refund.
- If a Study Permit is denied, the original letter of rejection from Citizenship & Immigration Canada and the original Letter of Acceptance must be presented to the Admissions Office. The tuition fee will be refunded less \$500.00 administration fee.

I/We have read and fully understand:

- *the above conditions relating to the YCDSB Refund Policy, Conditions of Attendance including the appointment of a Canadian Guardian.*
- *certify that the information contained herein is valid and true.*
- *the YCDSB shall not be held liable for losses or expenses as a result of the Board being unable to provide education owing to labour disputes or other causes beyond its control.*

PARENT(S) SIGNATURE (IN HOME COUNTRY) _____ DATE _____
month/day/year

GUARDIAN SIGNATURE (IN CANADA) _____ DATE _____
month/day/year

FOR BOARD/SCHOOL USE ONLY

Application Received _____ month/day/year Fees Received

School Name _____ Grade Placement _____

School Approval _____ Date _____
Signature of Principal or Designate month/day/year

Admissions Office Approval _____ Date _____
Signature of Manager of Admissions or Designate month/day/year

International Student Health Insurance:

Custom Plan for York Catholic District School Board

School Year: _____

School Name		Application Date (mm/dd/yy)	
Last Name		First Name	
Date of Birth (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Effective Date (mm/dd/yy)	Expiry Date (mm/dd/yy)
Address (Note: Insurance Policy will be mailed to the Guardian's residency, please complete address clearly)			
Street	City	Province	Postal Code

Premium Rates	
10 Months (September to June)	\$430.00
12 Months (1 Year)	\$450.00
Additional Months	\$45.00 each month

Premium Paid	
Canadian \$	By certified cheque or bank draft payable to the York Catholic District School Board.

Medical Authorization

I, the undersigned, declare that all the information provided in this form is true and complete. I authorize the sharing and disclosure of information related to any claim that I submit, or my medical history, among or between any of the following entities: the attending physician, any medical facilities, my physician in my home country, my educational institution, Ingle International and Imagine Financial Ltd, the insurer administering or underwriting this policy and the claims management group or assistance company appointed by the insurer. I understand that if my medical records are not released to the insurer, benefits may not be payable. I agree that a reproduction of this authorization is as valid as the original. I assign to the insurer any benefits related to any claim which would be payable to me from any other source and authorize the insurer to collect any such benefits on my behalf.

Student / Guardian Authorization	YCDSB Signature
X	X

Contact Us

Information & Administrator Support (Mon-Fri, 8:00 am - 8:00 pm)	Claims & Emergency Assistance (24 hours)	Insurance & Information Website
1.888.386.8888	1.877.605.7078	www.inglestudents.com/ycdsb

GUARDIANSHIP DECLARATION - (PARENT/LEGAL GUARDIAN)

STUDENT Information			
Student Name	Citizenship	Date of Birth <small>(dd/mm/yyyy)</small>	Sex M: [] F: []
Name and address of School in Canada			

PARENT/LEGAL GUARDIAN Information		
Full Name	Date of Birth <small>(dd/mm/yyyy)</small>	
Current Address	Telephone (Home)	Telephone (Work)
	E-mail Address	

CANADIAN GUARDIAN Information		
Full Name	Date of Birth <small>(dd/mm/yyyy)</small>	
Present Position	E-mail Address	
Current Address	Telephone (Home)	
	Telephone (Work)	

I, _____ (name of parent/legal guardian), solemnly declare that I am the parent or legal guardian of the Student. While the Student is in Canada, she/he will be in the Guardian's care. I have granted my authorization and adequate arrangements have been made for the Guardian to act in place of me in times of emergency, such as when medical attention or intervention is required, but also for day-to-day care and supervision of the Student as appropriate.

The Guardian will be legally responsible for the Student for as long as he/she is enrolled at a Catholic elementary or secondary school within the jurisdiction of the York Catholic District School Board.

Signature of parent/guardian: _____ **Date:** _____

Sworn before me at: _____ (city), in the Province

of _____ (province/territory), _____ Country (if applicable)

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

Signature of Notary: _____ **Official Seal of Notary Public**

NOTICE TO THE GUARDIAN

THE YORK CATHOLIC DISTRICT SCHOOL BOARD REQUIRES GUARDIANSHIP AFFIDAVIT FOR ALL INTERNATIONAL & OUT-OF-PROVINCE STUDENTS. THIS GUARDIANSHIP DOCUMENT MUST BE SIGNED AND SEALED BY A SOLICITOR OR NOTARY PUBLIC.

GUARDIANSHIP AFFIDAVIT – (CANADIAN GUARDIAN)

CANADA
PROVINCE OF ONTARIO

IN THE MATTER OF THE AGREEMENT OF
ACCEPTING GUARDIANSHIP/RESPONSIBILITY FOR

(Name of Student)

I, _____ of the City of _____
(Name of Guardian) (Name of City or Town)

in the Province of Ontario, SOLEMNLY DECLARE THAT:

1. I am a Canadian Citizen/Permanent Resident residing at:

(Address in full)

2. I can be reached during the day at the following telephone number(s):

a) _____ b) _____ c) _____
(Home #) (Business #) (Cell #)

3. The parents of _____ namely, _____
(Name of Student) (Name of Parent/Legal Guardian)

have appointed me as the adult responsible for their child's welfare and affairs for as

long as _____ is enrolled at a Catholic elementary or
(Name of Student)

secondary school within the jurisdiction of the York Catholic District School Board.

AND I make this solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

SWORN BEFORE ME in the _____
(Name of City or Town)

in the Municipality of _____
(Name of Municipality)

This _____ day of _____
(Signature of Guardian in Canada)

*Signed and sealed
by Solicitor or Notary Public*



YORK CATHOLIC DISTRICT SCHOOL BOARD

INTERNATIONAL STUDENT

GUARDIAN RESPONSIBILITY AGREEMENT – (CANADIAN GUARDIAN)

PLEASE PRINT

Student's Name _____	School Name _____
Guardian's Name _____	Agency Name _____ (If applicable)

All international students, regardless of age, who attend our Catholic schools are required to fully abide by the Code of Conduct, Policies and Procedures of the school community. These expectations will be enforced fairly and compassionately with the best interest of the student and the school community.

The York Catholic District School Board promotes positive behaviour and challenges each student to develop his/her academic skills. For those students who choose to display inappropriate behaviour and continue to do so after suitable counselling, he/she will be subject to disciplinary action. If this results in an expulsion, there will be **no refund of fees**. Furthermore, the Guardian will be held responsible for any damages caused by the student.

Students are encouraged and expected to put forth their best efforts to learn and to attend all scheduled classes punctually and to participate in all required activities.

I hereby certify that I understand the intent of this agreement and acknowledge that this agreement will be in effect for the duration of the above said student's guardianship. As Guardian, I also accept that I will:

- **be the responsible adult for the said student**
- **make myself available when requested by school and school Board**
- **be present at the ESL/ELD Centre at the time of the assessment**
- **accompany the student to the school for registration**

The Guardian is expected to ensure that the student fully understands the intent of this agreement and complies with school regulations. The Guardian must also inform the Admissions Office of any changes in homestay address and in the termination of their guardianship.

Guardian Signature _____ Date _____

Admissions Office _____ Date _____
Manager of Admissions or Designate



York Catholic District School Board

AGREEMENT
NON-CATHOLIC INTERNATIONAL STUDENT(S) IN ATTENDANCE
IN YORK CATHOLIC ELEMENTARY SCHOOLS

PREAMBLE

In a Catholic school, children take part in daily religious education and are also required to participate in class and school liturgies and celebrations. We make an effort to ensure that Catholic values are an integral part of school life including the classroom instruction in all programs of study.

PLEASE PRINT CLEARLY

NAME OF SCHOOL: _____ SCHOOL YEAR: 20____/20____

I/We _____, the parent(s)/guardian of _____
Name of Parent(s)/Guardian *Name of Student*

hereby agree that my/our child(ren) will participate in all religious education instructions and religious celebrations given by the school, in accordance with the York Catholic District School Board's religious education values and beliefs.

I/We, the parent(s)/guardian fully understand and consent to the above terms of admission within the York Catholic District School Board.

Note: This arrangement is an exemption for International Student(s) only. For those students who are resident pupils of the Board, Catholicity of either child or parent(s) is a requirement.

Signature of Mother/Guardian

Date

Or

Signature of Father/Guardian

Date

Signature of Manager of Admissions or Designate

Date

VISION STATEMENT

We are a Catholic Learning Community of collaborative partners, called to serve one another by being committed to and accountable for quality learning by all with Jesus as our inspiration.



Preliminary Course Selection

(PRINT CLEARLY)

STUDENT LAST NAME

STUDENT FIRST NAME

BIRTHDATE

MALE
FEMALE

PLEASE READ CAREFULLY

- When you know your exact arrival date to Canada, please make arrangements to schedule an appointment for assessment as soon as possible with the ESL/ELD Reception Centre at 416-221-5051 extensions 12432 or 13048.
- Your preliminary course selection may be changed at the discretion of the Board pending:
 - ESL/ELD and Math Assessments
 - Course availability
 - Timetable Conflict
 - Review of student's school records
- Your timetable selection will be revised and finalized at school during the registration appointment.
- Visa Students are expected to enroll in ESL Credit Courses. If one or more ESL Courses you choose below are not available at your selected school, you will be given placement in an Academic/Applied Program.

Grade 9 - Course Selection

This grade 9 Course Selection will apply to you if you are age 14 by December of current year

Credits	Courses	Course Codes
1	English as a Second Language	ESL
1	Religion (ESL)	HRE 10S
1	Science (ESL)	SNC 1DS
1	Geography (ESL)	CGC 1DS
1	Learning Strategies (ESL)	GLS 10S
1	Mathematics (Academic)	MPM 1D1
1	Elective (Select 1 course from below)	
1	Elective (Select 1 course from below)	

ESL COURSES ARE CREDITS THAT COUNT TOWARD DIPLOMA REQUIREMENTS

SELECT 2 Electives from the following:

<input type="checkbox"/>	Visual Arts	AVI 101
<input type="checkbox"/>	Physical Education	PPL 10M/F
<input type="checkbox"/>	Integrated Technologies	TTI 101
<input type="checkbox"/>	Music Instrumental	AMI 102
<input type="checkbox"/>	Information Technology in Business	BTT 101

Parent/Guardian Signature

Parent/Guardian Phone # (in Canada)

Student's Signature:

Date

Complete, sign and forward to Admissions Office with the completed Admin. 84 Visa Package

OFFICE USE ONLY

Student ID

Date

Posted to Maplewood



Preliminary Course Selection

(PRINT CLEARLY)

MALE

FEMALE

STUDENT LAST NAME

STUDENT FIRST NAME

BIRTHDATE

PLEASE READ CAREFULLY

1. When you know your exact arrival date to Canada, please make arrangements to schedule an appointment as soon as possible with the ESL/ELD Reception Centre at 416-221-5051 extensions 12432 or 13048.
2. Your preliminary course selection may be changed at the discretion of the Board pending:
 - ESL/ELD and Math Assessments
 - Course availability
 - Timetable Conflict
 - Review of student's school records
3. Your placement in these grades will also depend on the equivalent courses/credits you have earned prior to your studies in Canada.
4. Your timetable selection will be revised and finalized at school during the registration appointment.
5. Visa Students are expected to enroll in ESL Credit Courses. If one or more ESL Courses you choose below are not available at your selected school, you will be given placement in an Academic/Applied Program.

Grade 10 - Course Selection

This grade 10 Course Selection will apply to you if you are age 15 by December of current year

Credits	Courses	Course Codes
1	English as a Second Language	ESL
1	Religion (ESL)	HRE 20S
1	History (ESL)	CHC 2DS
1	Science (ESL)	SNC 2DS
1	Learning Strategies (ESL)	GLS 20S
1	Mathematics (Academic)	MPM 2D1
1	Careers/Civics	CHV 201 & GLC 201
1	Elective (Select 1 course from below)	
1	Elective (Select 1 course from below)	

ESL COURSES ARE CREDITS THAT COUNT TOWARD DIPLOMA REQUIREMENTS

SELECT 2 Electives from the following:

<input type="checkbox"/>	Visual Arts	AVI 201
<input type="checkbox"/>	Physical Education	PPL 20M/F
<input type="checkbox"/>	Introduction to Business	BBI 201
<input type="checkbox"/>	Drama	ADA 201
<input type="checkbox"/>	Computer Science	TIK 201
<input type="checkbox"/>	Transportation Technology	TTJ 201
<input type="checkbox"/>	Design Technology	TDJ 201

Parent/Guardian Signature

Parent/Guardian Phone # (in Canada)

Student's Signature:

Date

Complete, sign and forward to Admissions Office with the completed Admin. 84 Visa Package

OFFICE USE ONLY

Student ID

Date

Posted to Maplewood



Preliminary Course Selection

(PRINT CLEARLY)

STUDENT LAST NAME

STUDENT FIRST NAME

BIRTHDATE

MALE

FEMALE

PLEASE READ CAREFULLY

1. When you know your exact arrival date to Canada, please make arrangements to schedule an appointment as soon as possible with the ESL/ELD Reception Centre at 416-221-5051 extensions 12432 or 13048.
2. Your placement in these grades will also depend on the equivalent courses/credits you have earned prior to your studies in Canada

Grade 11 & 12 - Course Selection

You are a Grade 11 student if you are age 16 by December of current year.

You are a Grade 12 student if you are age 17 by December of current year.

Recognizing that students' needs may vary in Grades 11 and 12, in order to better assist you with your future educational plans, you will be provided with the following:

- a. a personal assessment to determine your level of English in the skill areas of listening, speaking, reading and writing
- b. a Math assessment in the level you have just completed at your current school
- c. equivalency counseling.
- d. assistance by the Guidance Department in selecting a suitable timetable, so that you may meet the requirements of an Ontario Secondary School Diploma (OSSD) and entrance into post-secondary education.

Parent/Guardian Signature

Parent/Guardian Phone # (in Canada)

Student's Signature:

Date

Complete, sign and forward to Admissions Office with the completed Admin. 84 Visa Package

OFFICE USE ONLY

Student ID

Date

Posted to Maplewood

Useful Websites

For further information and assistance you may access the following websites:

- York Catholic District School Board www.ycdsb.edu.on.ca
- Ministry of Education www.edu.gov.on.ca
- Ontario Universities www.ouac.on.ca
- Ontario Colleges www.ocas.on.ca
- Career Planning www.careercruising.com

Username: yorkcatholic

Password: 49570