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CATHOLIC DISTRICT SCHOOL  
BOARD OF EASTERN ONTARIO

## International Education Program

385 Hwy 29

Smiths Falls, Ontario K7A 4W7

Canada

Phone: 1-613-903-4019 Fax: 1-613-283-5783

Email: [international.education@cdsbeo.on.ca](mailto:international.education@cdsbeo.on.ca)

# STUDENT APPLICATION FORM

Please complete in English. Print, Sign, Date and return to CDSBEO

Student Information				
Surname:	Given Name(s):	English Name:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Citizenship:	First Language:	Date of birth (day/month/year):		
Permanent Mailing Address in Home Country				
Student's Email Address:	Student's Cell Number:	Home Telephone:		
Student's Street Address:	City:	State/Province:	Country:	ZIP/Postal Code:
Parent/Guardian Information				
Father's Surname:	Father's First Name:	Home Telephone:	Cell Number:	
		Work Telephone:		
E-mail Address:	Address if different from above:			
Mother's Surname:	Mother's First Name:	Home Telephone:	Cell Number:	
		Work Telephone:		
E-mail Address:	Address if different from above:			
Emergency Contact in Canada				
Surname:	First Name:	Home Telephone:	Cell Number:	
		Work Telephone:		
Street Address:				
City:	Province:	Zip/Postal Code:		
Relationship to Student:		E-mail Address:		

## Education

Name of Past School & Present School	Grade Completed	Date From	Date To

When do you want to begin school?  Semester 1 (September)  Semester 2 (February)

What school would you like to attend within CDSBEO? \_\_\_\_\_  No preference, please assign.

(CDSBEO reserves the right to determine the grade and final school placement)

How long do you plan to study?  Semester 1  Semester 2 or  Full Year

Which grade level are you applying for? \_\_\_\_\_

What are your goals?  Graduate from high school in Ontario  Return to school in my home country  Attend University/College in Canada

Develop English skills only  Other \_\_\_\_\_

## Course Preference

Please check the appropriate answer(s). Your answers will help us to get to know you and will help the school suggest a suitable timetable for you.

A. When you attend high school in CDSBEO, which courses are you interested in?

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mathematics         | <input type="checkbox"/> Science        | <input type="checkbox"/> History   | <input type="checkbox"/> Music       |
| <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Social Science | <input type="checkbox"/> Geography | <input type="checkbox"/> French      |
| <input type="checkbox"/> English             | <input type="checkbox"/> Chemistry      | <input type="checkbox"/> Business  | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Physical Education  | <input type="checkbox"/> Biology        | <input type="checkbox"/> Physics   | <input type="checkbox"/> Other _____ |

B. What career would you like to pursue? \_\_\_\_\_

C. After school, what activities would you like to do? \_\_\_\_\_

D. Are there any courses that you **must** take while in Canada?  Yes  No

If yes, please list: \_\_\_\_\_

E. Do you require report card and/or transcript validation?  Yes  No

## English Ability

Please check the appropriate answer(s).

Please Indicate Your Level of English:  Beginner  High Beginner  Intermediate  High Intermediate  Advanced

How many years have you taken formal English classes?

In school  1yr.  2yrs.  3yrs.  4 yrs.  more \_\_\_\_\_

Private Lesson's  1yr.  2yrs.  3yrs.  4 yrs.  more \_\_\_\_\_

When do you speak English?  at school  at home  with friends  at private lessons

Are any of your classes at home taught in English?  Yes  No If yes, which ones? \_\_\_\_\_

What can you do in spoken English?

- respond to personal questions using short answers
- take part in conversations on a range of topics
- express, support and elaborate a point of view or opinion
- maintain face to face conversation on familiar topics
- discuss or explain an idea

What can you read in English?

- short passages  short stories  novels  newspaper articles  newspaper editorials  textbooks

How do you rate your written level of English?

- I can answer simple questions in short sentences.
- I can write a simple description of a picture.
- I can write a short paragraph on a personal topic.
- I can write a short explanatory paragraph in response to a reading.
- I can write a letter or e-mail.
- I can write a composition of three or more paragraphs to develop a central idea.
- I can write a short essay introducing, developing, and concluding an argument.

***Tell Us About You!***

## Medical

Food or Drug Allergies: \_\_\_\_\_ Are they severe/life-threatening?  Yes  No

If yes, please explain the reaction(s): \_\_\_\_\_

Please list any medications you will be bringing with you: \_\_\_\_\_

List any medical conditions, physical disabilities, learning disabilities or mental health issues school staff should be aware of:

## Accommodation and Care

(Student under the age of 18 must be supervised by an adult (custodian) living in Ontario who is a permanent resident or Canadian Citizen.)

Student will require Homestay Placement  Student will require Custodianship  Student will live with family member/custodian/other   
at address indicated below

Surname:	Given Name:	Home Phone: Cell Phone:	Email Address:
Address:		City:	Postal Code:

## Siblings Currently Enrolled in CDSBEO

Yes  No If Yes, please list name of child, date of birth, and school currently attending within CDSBEO.

Surname:	Given Name(s):	DOB (day/month/year):	School Attending:
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**USE OF STUDENT INFORMATION AND IMAGE:**  I consent  I do not consent...to my child being photographed or videotaped, and his or her name, image and/or school work used in media coverage of school related events, in school or board publications, or on the school or board website.

*The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Catholic District School Board of Eastern Ontario under the authority of Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 and 266 as amended. The information will be used to register and place the student in a school, to communicate school related information and activities to parents/guardians via email if provided, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guideline issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please speak to your school principal.*

I have read, understand and agree to the rules and guidelines as outlined by the Catholic District School Board of Eastern Ontario.

Signature of Student:

Date:

Signature of Parent/Guardian:

Date

Signature of Head of International Education:

Date:

## Letter of Recommendation

(To be completed in English by a Teacher, Counselor, or Principal and include an official school seal or stamp)

Thank you for taking time to complete this form for the below-named student who wishes to spend a semester or year living with a family abroad and attending school within the Catholic District School Board of Eastern Ontario. Your evaluation will be held in strict confidence.

Student Name: \_\_\_\_\_

Name of Teacher or Counselor: \_\_\_\_\_ Position: \_\_\_\_\_

Name and Address of School:

\_\_\_\_\_

How long and in what capacity have you known this student?

\_\_\_\_\_

Categories	Rate			
	Excellent	Good	Fair	Poor
Attitude towards school/school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<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"/>
Adaptability/Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this student have a history of frequent absence from school? Yes  No

Does or has this student presented any discipline problems? Yes  No

If Yes, please describe:

\_\_\_\_\_

## Letter of Recommendation

Are you aware of any physical or mental health issues that could affect this student's success? Yes  No

If Yes, please describe:

Based on your knowledge of this student, how would you evaluate their potential success as an international student?

Excellent  Good  Average  Poor

If Yes, please describe:

Please add any comments you think may be appropriate:

Signature:

Date:

Official School Seal or Stamp:

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