

Application for School Admission (International Students)

Please submit completed application form to: isp@hcdsb.org

Personal information on this form is collected under the authority of the **Education Act**, R.S.O. 1990, c.E2. and will be used in the review and administration of the international student application. Questions about this collection may directed to: International Student Division, Halton Catholic District School Board, 905-632-6314 ext. 147 or 153 or isp@hcdsb.org

Choose three (3) schools: Placement in school is subject to availability of space in the school.		
1.	2.	3.
Student Information:		
Last Name:	Given Name	English Name
Male Female Other	First language (Mother tongue)	Other Languages
Date of Birth:	Email address:	Grade applying to::
Is the student in good health and able to participate fully in their classes? If No, please explain:		Yes No
Please check any existing Medical Conditions:		
Heart	Sight	Hearing
Speech	Allergies	Asthma
Epilepsy	Diabetes	
Does the student have a disability that requires special education support? If Yes, please specify needs:		Yes No
Does the student have any allergies or take any medication? If Yes, please describe:		Yes No
List any Life Threatening Allergies:		
Does the student have a perceived or documented:		
Learning Disability	Physical Handicap	Social Integration Difficulty Behavioral Concern
History of Criminal Behavior	Please describe:	
Has the student ever been away from their family for a long period of time? If Yes, please explain:		Yes No
Has this student ever previously applied to HCDSB as an International student? If Yes, please explain:		Yes No
Education:		
Highest level, form, year or grade completed:		
Does the student presently attend school?	Yes Level/Form/Grade	No Completion date:
Name of the current or last school attended:	Address of current or last school attended:	
Current language of instruction:		
What are your academic goals		
Graduate from high school in Ontario	Return to school in my home country	
Attend university/college in Canada	Develop English skills	

Parent/Guardian information (in Home Country)				
Father's Last Name:	Given Name:	Email Address:	Phone number:	
Mother's Last Name:	Given Name:	Email Address:	Phone number:	
Street address	Town City	Province/State	Country	Postal Code
Custodian and Homestay Information				
<p>PLEASE NOTE: Students approved for admission to HCDSB are required to contact our exclusive Homestay provider, Canada Homestay Network (CHN) to apply for homestay accommodations. The Canada Homestay Network will also be responsible for Custodianship services for ALL new International Students. International Students who have been accepted into our International Student Program can find detailed information about the homestay application process, services and fees, and other relevant information on the Canada Homestay Network website: https://canadahomestaynetwork.ca/for-students/</p> <p>About Canada Homestay Network (CHN)</p> <p>Canada Homestay Network (CHN) has matched tens of thousands of students over the last 20 years and has a reputation for excellence and professionalism in their field.</p> <p>Homestay application may be found on our ISP website at: https://isp.hcdsb.org/homestay/</p> <p>All elementary students must reside with a parent in Canada to be accepted at HCDSB.</p> <p>Placement in school is based on the local address of residence for the student and is subject to availability of space in the school. Change of address does not guarantee placement in a new home school. In the Ontario education system, a student is placed in a grade according to age. The Halton Catholic District School Board reserves the right to determine final school and grade placement.</p>				
Payee Information <i>If a refund is required, it will be sent the person who has paid the fees.</i>				
Name	Address			
Secondary School Program				
Full Year (Sept-Jun)	Semester 1 (Sept-Jan)		Semester 2 (Feb-Jun)	
Elementary School Program				
Full Year (Sept-Jun)	Semester 1 (Sept-Jan)		Semester 2 (Feb-Jun)	
Elementary ONLY:	Baptismal Certificate:	Yes	No	

Parent/Guardian Signature

Date (YYYY/MM/DD)

Participation Agreement

The Halton Catholic District School Board (HCDSB) is committed to providing the best educational opportunities possible for International Students. In order to facilitate this, International Students, regardless of age, must participate according to the following conditions:

1. The student must obey the laws of Canada, the Province of Ontario and follow the rules, guidelines and policies of the HCDSB and the school in which the student is enrolled.
2. The student must follow all specific school and Board regulations regarding attendance, course responsibilities and behavior as they pertain to day school and continuing education programs (if applicable). The student must attend school on a daily basis. A written note from a custodian/parent or doctor should be submitted to the school when absent.
3. The student or custodian must contact the International Student Program Division staff and school if the student changes his/her Halton address and /or change custodian.
4. The student must maintain a full-time timetable. In a semestered secondary school, this means 3 - 4 courses per semester.
5. The student's reports on attendance, academics and emotional/psychological concerns can be shared with parents, custodian, school and Board personnel to provide the necessary guidance and assistance for student success.
6. The student and family acknowledge that based on the information in the application, the HCDSB has the right to make educational decisions, including placement and program selections in the best interests of the student within the available resources.
7. The student and family understand and agree that inaccuracies in the application or failure to abide by the above conditions may result in immediate dismissal from the HCDSB without refund of the tuition fee. If it is determined by the HCDSB that the student's educational needs are greater than disclosed in the application, the HCDSB can send the student home at the parent's expense.

I have read, understand and agree to follow the rules and guidelines as outlined above.

Print Name of Student

Print Name of Parent

Signature of Student

Signature of Parent

Date: DD/MM/YYYY

Date: DD/MM/YYYY

General Release/Waiver

1. We, the undersigned, do waive and release all claims against the HCDSB for the injury, loss, damage, accident, delay or expense resulting from the applicant's participation in the HCDSB International Student Program. We also release the HCDSB and agree to indemnify it, with regard to any financial obligations or liabilities that the applicant may personally incur, or any damage or injury to the person or property of others that the applicant may cause while participating in the HCDSB International Student Program.
2. We understand that the HCDSB is not responsible for any loss or injury suffered by the applicant during periods of travel and study. If the applicant becomes ill or incapacitated, the HCDSB may take such action as it considers necessary, including securing medical treatment and transporting the applicant home at his/her own expense. We release the HCDSB from all liability related to such actions. We understand that the applicant's participation in the program may be terminated at the discretion of the Superintendent without refund of tuition fee, and that the applicant may be sent home at his/her own expense if he/she does not adhere to the school or HCDSB rules, standards and instructions as set forth in the school's agenda, handbook and the Participation Agreement of the

HCDSB International Student Program. This agreement with the HCDSB cannot be modified or interpreted except in writing by the Superintendent.

3. The student and the parent warrant that the student applicant has no history of criminal behavior. Any disputes of legal nature must be resolved through the courts of Ontario.
4. We understand that placement in a school is subject to availability of space. The HCDSB reserves the right to determine final school and grade placement.
5. We fully understand the refund policy of the HCDSB. We understand that the HCDSB shall not be held liable for losses or expenses as a result of the HCDSB being unable to provide education owing to labour disputes or other causes beyond its control.

I have read, understand and agree to follow the rules and guidelines as outlined above.

Print Name of Student

Print Name of Parent

Signature of Student

Signature of Parent

Date: DD/MM/YYYY

Date: DD/MM/YYYY

Refund Policy for Tuition Fee

All requests for refunds must be sent to the International Student Division: isp@hcdsb.org

FULL REFUND will be granted:

1. Will be granted if Immigration, Refugee and Citizenship Canada (IRCC) does not issue the Study Permit. (A copy of the Letter of Refusal from IRCC must be submitted to obtain a full refund).

50% REFUND will be granted:

1. To September intake applicants who withdraw their application prior to and including July 31st and to February intake applicants prior to and including December 31st.

NO REFUND will be granted:

1. To September intake applicants who withdraw their application after and including August 1st and to February intake applicants after and including January 1st.
2. To students found in violation of school regulations, breach of law or policy as determined by the Government of Canada, the Police, HCDSB, and/or the International Student Program Division.
3. Of any portion of the tuition fee if the student changes immigration status (i.e. Permanent Residency) after and including April 1st.
4. To applicants/students if false medical information was provided and health condition(s) were not disclosed.

**A \$500.00 administration fee may apply to refunds.
All refunds are subject to the Superintendent's approval**

I have read, understand and agree to the refund policy above.

Date: _____ Parent/Guardian Signature: _____

Disclosure of Student Information

The Halton Catholic District School Board and your child/ren school collect student information under the legal authority of *The Education Act* and provisions of the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*.

During the school year, students may be involved in a wide variety of events and activities consistent with the purpose of educating students in accordance with *The Education Act*. It is an established practice for our school to display and communicate information about these activities.

These activities could include:

1. Displaying and posting the students' work (with their names) through such activities as science fairs, art projects, poster contests, bulletin board displays, school newsletters and websites and/or Board website or the Board's social media channels;
2. Announcing student achievements or other special events in the classroom or on the school's public address system;
3. Posting lists of student names inside the school to inform students and parents of school clubs or school teams.

OPTION "A": Yes, I/We consent to the display and/or publication of school-related information about my/our child/ren as described in any of the activities listed on above for the current school year. This also applies to the sharing of student information between the elementary and secondary panels (refer to Board Policy Il-21 Cross Panel Sharing of Student Information).

OR

OPTION "B": No, I/We DO NOT consent to the display and/or publication of school-related information about my/our child/ren as described above.

Date: _____ Parent/Guardian Signature: _____

Student Photo and Video Consent

YES NO 1) I/We understand that during the school year, students may be involved in a wide variety of activities that may involve photo and/or video recording for the purpose of promoting the school, the Halton Catholic District School Board, and/or Catholic education. This is to confirm that I/We consent to the display, publication and/or sharing of my child's name and/or school-related photos/videos of my child in any of the school's and/or Board's: websites, social media channels, publications, professional learning opportunities, reports, newsletters, and/or with the media for the purpose of promoting the school, Catholic education and/or the Halton Catholic District School Board.

YES NO 2) This is to confirm that I/We consent to the filing of these photos/videos (print or electronic) in a resource library for possible use in any of the school's and/or Board's: websites, social media channels, publications, professional learning opportunities, reports, newsletters, and/or with the media for the purpose of promoting the school, Catholic education and/or the Halton Catholic District School Board.

YES NO 3) This is to confirm that I/We consent to the sharing of my child's name and photo in the annual school yearbook and/or class photos.

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Education Act, and in accordance with the provisions of MFIPPA. Personal information in the form of photos/videos (print or electronic) may be widely circulated to the public and that they may be posted on the Board website, or the Board's social media channels, which can be visited by anyone in any part of the world who has access to the Internet. This consent is valid for the school year for which it has been given or until such time that it is withdrawn. It may be withdrawn at any time, upon written notice. In the event that consent is withdrawn, I understand that the materials/photos/videos will be removed from Board websites, social media channels, and publications. Furthermore, I understand that it may not be possible to remove all traces of personal information from the Internet or the public realm. If you have questions about this collection; use, and disclosure of this information, contact the Manager, Privacy, Records and Information Management at 905.632.6314 x 233 privacy@hcdsb.org

Student Name: _____ **Grade on first day of school:** ____

Student Signature: (12 years and older) _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

**Both the student and their parent/guardian must sign this photo-video consent form, unless the student is 18 years of age and/or removed from parental control.*

<p>Consent To Use The Halton Catholic District School Board's Computer Network</p>

Telecommunications and the Halton Catholic District School Board:

To prepare students for the world in which they will participate and to provide them with resources and skills appropriate to the information age, the Halton Catholic District School Board is developing a Wide Area Network (WAN) linking students to a variety of local electronic resources as well as providing access to the Internet. This access is consistent with the mission statement of the Halton Catholic District School Board.

Use of Halton Catholic District School Board's WAN and its connections to the Internet shall be for the exchange of information in order to support the user's education and research.

Network Etiquette/Citizenship:

- Users will not post, publish, or display any defamatory, inaccurate, abusive, obscene, profane, sexually orientated, threatening, racially offensive, sexist or illegal material or images of staff or students.
- Sending or receiving offensive messages or pictures from any source is prohibited.
- Users will not transmit or download information or software in violation of copyright laws.
- Only public domain resources or resources for which the author has given expressed consent for on-line distribution may be uploaded or downloaded. Software and resources downloaded will be used only under the terms and conditions specified by the creator or owner of those resources.
- Posting messages and attributing them to another use is unacceptable.

Vandalism:

- Transmission of any software having the purpose of damaging computer systems or files (e.g. computer viruses) is prohibited. All software and files downloaded will be systematically checked for viruses before loading on Halton systems.
- Any malicious attempt to harm or destroy data of any person, computer or network linked to the Halton Catholic District School Board's WAN is prohibited.

Security:

- Users shall not share their passwords or accounts with others and must make all efforts to safeguard this information from unauthorized users. Users shall not give out personal information such as their home



address, telephone number or credit card numbers. Users shall use the school's address instead, but shall not publish the school's telephone number.

Other:

- The Halton Catholic District School Board provides Internet services for educational purposes only. Users may not use this access for advertisement or for personal gain.
- ***Failure to observe these rules will result in loss of computer usage in your school and/or consequences consistent with the School Code of Conduct.***

In order to access the Telecommunications facilities provided by the Halton Catholic District School Board it is **mandatory** that you or your parent/guardian (where the student has not reached the age of 18) sign this form.

STUDENT: As a user of the Halton Catholic District School Board's computer network, I have read and hereby agree to comply with the *Halton Catholic District School Board's Acceptable Use Procedure for Telecommunications and Internet Use*.

PARENT/GUARDIAN: As parent/legal guardian, I grant permission for my child to access networked computer services such as electronic mail and Internet. I have read and agree to the *Halton Catholic District School Board's Acceptable Use Procedure for Telecommunications for Internet Use*.

Student: _____ Parent/Guardian Signature: _____

School Council

I authorize permission for the release of information (telephone number only) to Catholic School Council members so that they may contact me.

YES NO Parent/Guardian Signature: _____

Code of Conduct

The Ministry has introduced a province wide **Code of Conduct** that sets clear standards of behaviour and consequences. The establishing of standards is intended to foster a learning environment that is characterized by respect and civility. Improving school safety is a continual process.

The **Code of Conduct** is located in the Parent Handbook and also in the Student Agenda (Gr.1-8). The document incorporates Board policies and procedures and provisions of the *Safe Schools Act*. This document has been tailored for our school (in keeping with provincial policy) with input from staff and Catholic School Council members. Please note that the **Code of Conduct** applies whether on school property, in school buses or at school authorized events or activities, and may apply to activities related to the school or related to school activities.

This is to state that we have read the Code of Conduct located in the Parent Handbook and Student Agenda (Grades 1 – 8). We have reviewed and discussed the contents therein with our child/ren.

Date: _____ Parent/Guardian Signature: _____

Inclement Weather/Early School Closing Permission

- The Halton Catholic District School Board will make every effort to avoid closing its schools during winter storms. There are occasions, however, when emergency conditions such as severe storms, impairment of heating facilities and other safety-related circumstances, may require the early closure of schools.
- When weather conditions cancel transportation or cancel some bus routes, **parents are advised to use their own discretion in deciding on school attendance.**

- Those students who come to school (by routes in operation, by walking or by their own transportation) are expected to attend for the entire day. If attendance is reduced, multi-grade departmental sessions will be conducted.
- Occasionally, when a storm develops during the school day, carriers will request early closure to ensure home delivery of students. At that time, parents with students in the school will be notified according to the procedures outlined on the School Emergency Closure section.

School Emergency Closure for ELEMENTARY applicants ONLY (Circle ONE option ONLY)

My child/ren are: Bus Student(s)_____ Bus # _____ Walker(s) _____

OPTION “A” , the school may dismiss my child/ren with **NO telephone call required.**

Date: _____ Parent/Guardian Signature: _____

OR

OPTION “B” , child/ren to remain at school – **parent(s) to be called to pick up child/ren from school.**

Date: _____ Parent/Guardian Signature: _____

Medical & Medical danger Information

This information letter is to inform you that our school has children with life threatening allergies to food products including peanuts and all types of nuts. If peanut butter or even the smallest amount of peanut oil or any type of nut enters the body by touch or eating, severe life threatening symptoms occur and without immediate medical treatment the child could die.

Our concern is for foods where peanuts or nuts might be a ‘hidden’ ingredient, and where cross contamination may occur. For example, should the child touch a toy, a book, computer keys, or a ball previously handled by another student who had peanut/nut oil on their hands, it could lead to blockage of airways and death.

AWARENESS AND PREVENTION

The best medical advice in prevention is to minimize the allergen in the school setting. We hope to provide a safe environment for the child by enlisting the support of the parents and students of the school by helping to make the classroom and school as realistically as possible a ‘minimized allergen environment’. This means that each child entering the classroom/school is asked to bring lunches and snacks free of any peanuts or nuts. Though it sounds simple, it means no peanut butter sandwiches or peanut butter cookies brought to school. It means you should read the labels of other foods like muffins, donuts, granola bars and cereals before you put them in your child’s snack. If your child/ren eats lunch at home and has eaten peanut butter, we request that they wash their hands prior to coming to school. If you have caregivers who provide lunches or snacks to take to school, we encourage you to share this information letter with them.

The students in the school with the food allergies are under a strict regimen of never sharing snacks with other students, only eating what is brought from home, never sharing utensils, and carrying an auto injector device containing the lifesaving medicine around their waist at all times. This medicine lasts only 10 – 15 minutes and the child needs to get to a hospital as soon as possible after an allergic reaction.

SUPPORT AND ACKNOWLEDGEMENT

We realize this request may require added effort for you when packaging your child’s lunch and snacks; however, we wish to express sincere appreciation for your support and understanding regarding this life-threatening condition.

ALLERGY ALERT TO PEANUT/PEANUT PRODUCTS OR OTHER DEADLY ALLERGENS: This is to inform the school that I have received and read the *Medical Danger-Anaphylaxis* notice on food or other deadly allergies. Please provide us with information that will help us care for your child/ren.

STUDENT'S FULL NAME	GRADE	ALLERGY OR MEDICAL CONDITION (e.g. asthma, diabetes, etc.)	DESCRIPTION

Date: _____ Parent/Guardian Signature: _____