



**INTERNATIONAL STUDENT APPLICATION PROCEDURE
2017/2018 ACADEMIC YEAR**

REQUIREMENTS & STEPS TO FOLLOW

Elementary Schools from Junior Kindergarten to Grade 8

Secondary Schools from Grade 9 to Grade 12 (student must be 18 years old or under, born after **January 1, 1999**)

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; for secondary, students must **first** apply, at one of the **ESL/ELD Centre Schools**. Please see the list of these schools on P.3 and the Board website for all schools. **If assessment indicates that the student does not require ESL courses, the student may request a transfer to a non-ESL school after the assessment; however, students' right to attend is ONLY upon principal's approval and space availability.**

Note:

Students are placed in their age appropriate grade, according to the Ministry of Education of Ontario guidelines and requirements.

*All applications for International Visa Students **MUST** be submitted to the **Admissions Office** for processing and approval. Once applications are approved, student may go to register at the school.*

REQUIREMENTS: *All forms must be **COMPLETED** in English, and all documentation submitted must be original and officially certified and translated into English. Failure to comply may result in the return of the application package or delay the application process.*

1. **APPLICATION with Passport:** The enclosed **Admin.84** Application Form must be fully completed & signed.
2. **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)*
MINIMUM ACADEMIC AVERAGE REQUIRED: 65% or equivalent & no failures -per academic year.
3. **GUARDIANSHIP DECLARATION – (PARENT/LEGAL GUARDIAN):** Form must be completed and notarized in the home country *(form is included in this package)*. If student wants to keep the original form, must inform the Administrator at the time of submission.
4. **GUARDIANSHIP AFFIDAVIT – (CANADIAN GUARDIAN):** Form must be completed and notarized in the home country *(form is included in this package)*. If student wants to keep the original form, must inform the Administrator at the time of submission.
5. **GUARDIAN RESPONSIBILITY AGREEMENT – (CANADIAN GUARDIAN):** Must be completed and signed *(form is included in this package)*.

Note: ALL students, regardless of their age, must have a guardian for as long as they are enrolled at a YCDSB school. **Proof of guardianship as defined by the Board. If a new guardian is appointed during the academic year, new Guardianship documents must be submitted to the Admissions Office immediately.**

6. **Immunization Record**

7. **For Elementary Students only:**

- Roman Catholic Baptismal Certificate *(when available)*, or
- Agreement (Non-Catholic International Student)

8. **FEE SCHEDULE – Fees are subject to change without prior notice**

TUITION FEE (full academic year- New & Returning Student)	Applications for Sept/2017 Received By May 31, 2017	Applications for Sept/2017 Received On / After June 1, 2017	Applications for Elementary: January to December Secondary: February to January Accepted from October 2017 (Subject to space availability)
Elementary Panel (JK-8)	CDN \$12,000.00	CDN \$12,200.00	CDN \$12,200.00
Secondary Panel (9-12)	CDN \$13,200.00	CDN \$13,400.00	CDN \$13,400.00
APPLICATION FEE	(New student only) CDN \$200.00 non-refundable		
RENEWAL FEE	(Returning student only) CDN \$100.00 non-refundable		
WIRE TRANSFER FEE	Banking information is available upon request CDN \$50.00		

9. HEALTH INSURANCE COVERAGE: Health insurance is mandatory. Please complete the enclosed application form and return it to the Admissions Office with the appropriate Fee (**\$450 per year or as indicated on the form**). Please visit www.inglestudents.com/ycdsb/.

Note: Payment for Fees (for Application, Tuition and Insurance) must be made in Canadian Dollars, by a Certified Cheque or a Bank Draft, payable to: York Catholic District School Board.

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 Immigration, Refugees & Citizenship Canada and the original Letter of Acceptance must be presented to the Admissions Office. The tuition fee will be refunded less **\$500.00** for administration fee.
- A **\$50.00** administration fee will be applied for wire transfers.

STEPS TO FOLLOW:

- A.** The Admissions Office will process the student application upon receipt of the pertinent documents (#1 to 7), fees (#8) and Health Insurance form and fee (#9).
- B.** Upon approval of the application, the Admissions Office will issue a "Letter of Acceptance" required by Immigration, Refugees & Citizenship Canada for student to apply for a Study Permit. To apply for a Study Permit, you may refer to the Citizenship and Immigration Canada website at: <http://www.cic.gc.ca>.
- C. Secondary school students only.** In order to facilitate the school to assign the student's courses on a timely basis, the student should come for assessment no later than **mid-August to end of August**. As soon as the Guardian becomes aware of the student's arrival date in Canada, the Guardian must contact the Reception Centre at the YCDSB Board Office at 905-713-1211 (ext. 12433) or <http://www.ycdsb.ca/admissions/newcomer> to arrange for an appointment for the student's English/Math Assessment. When coming to the Centre for the assessment, the student must be accompanied by the **Guardian**. After Assessment, the student will go to the school for registration appointment and course selection with the Guardian. ***A copy of the Study Permit must be submitted to the Admissions Office upon the student's arrival.***
- D. Elementary** school students will go to the school for registration upon arrival in Ontario.

We take this opportunity to thank you for your interest in the York Catholic District School Board.

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

For Inquiries or further information, please contact us:

Via Email: <http://www.ycdsb.ca/admissions/Contact.htm>

Via Telephone: (416) 221-5050 or (905) 713-2711 Ext. 12434

To Download the Application Procedure and Application Package, please visit:
<http://www.ycdsb.ca/admissions/documents/InternationalStudentApplicationPackage.pdf>

List of Secondary Schools with ESL/ELD Centres :

Father Michael McGivney CHS	5300 – 14 th Ave., Markham
Jean Vanier CHS	10475 Bayview Ave., Richmond Hill
Sacred Heart CHS	908 Lemar Rd., Newmarket
St. Elizabeth CHS	525 New Westminster Dr., Thornhill, Vaughan
St. Joan of Arc CHS	1 Joan of Arc Ave., Woodbridge, Vaughan
St. Robert CHS	8101 Leslie St., Thornhill, Markham

Essential Information:

- For February 2018 intake, applications will be accepted beginning October 16, 2017
- For September 2018 intake, applications will be accepted beginning February 1, 2018 and the response time is estimated to be mid-March to early April, 2018. Please **do not** submit applications before February 1. Mailed or couriered applications must arrive on/or after February 1. If received earlier, they will be dated on February 1.
- To locate a school boundary, visit: <http://locator.ycdsb.ca/>
 - Enter the address and press on LOCATE.
 - Or view Elementary Schools or Secondary Schools (in alpha order) including the School website
- Please note **Student Transportation** is NOT available for International Visa Students. It is the Parent/Guardian/Agent's responsibility to ensure student has transportation to and from school.
- Student Application Packages must be completed with pertinent documents and signatures in order not to delay processing time.
- Must indicate on the Application Form of how the Letter of Acceptance is to be issued.
- If student wants to keep the original forms, must inform the Administrator at the time of submission.
- International students who are accepted are required to undergo an English and Mathematics proficiency assessment test. It is the Canadian **Guardian's** responsibility to arrange an Assessment appointment, as indicated on P. 2. The **Guardian** must accompany the student to the Assessment appointment.
- School Uniform is mandatory dress code at all our secondary schools.
- Please note that the **Renewal** Package has been posted on the Website.
(<http://www.ycdsb.ca/admissions/isp.htm>)



INTERNATIONAL STUDENT

ADMIN. 84
REV. 01/17

APPLICATION FORM ELEMENTARY & SECONDARY

FOR OFFICE USE

- Study Permit
- Health Insurance
- Guardianship Declaration
- Guardianship Affidavit
- Guardian Agreement
- Baptismal Certificate
- Agreement (Non-Catholic)

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 _____

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 _____

Please indicate if Agent is the Guardian Yes No If no, please complete Guardian Information

FOR THE LETTER OF ACCEPTANCE, PICK UP BY _____ EMAIL AGENT EMAIL GUARDIAN MAIL AGENT MAIL TO _____

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 ()

Date Application received: _____



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 <input type="checkbox"/>	No <input type="checkbox"/>	If yes, was the student re-admitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the student currently under suspension from any school?	<input type="checkbox"/>	<input type="checkbox"/>			
Has your child ever received/required special education services	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

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)	<input type="checkbox"/>
B) September to January	(First Semester)	<input type="checkbox"/>
C) February to June	(Second Semester)	<input type="checkbox"/>

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

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



GUARDIANSHIP DECLARATION - (PARENT/LEGAL GUARDIAN)

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

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

CANADIAN GUARDIAN Information		
Full Name	Date of Birth (dd/mm/yyyy)	
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

Form with fields for Student's Name, School Name, Guardian's Name, and 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.

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.

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; noted: ALL students, regardless of their age, must have a guardian for as long as they are enrolled at a YCDSB school.
• 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
• assist the student with the Renewal Application annually

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

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)	Male Female	Effective Date (mm/dd/yy)	Expiry Date (mm/dd/yy)
Email Address (Note: Insurance Policy will be emailed to each student. Please complete email address clearly.)			
Address			
Street	City	Province	Postal Code

Premium Rates

10 Months (September to June)	\$430.00
12 Months (1 Year)	\$450.00
Additional Months	\$42.00 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
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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	1.866.883.9787	www.inglestudents.com/ycdsb



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.