

International Student Application Form 2014-2015

For students new to the DSBN for academic study

<p style="text-align: center;">STEP 1</p> <p>Fully complete an online student application form at dsbn.org/international, OR fully complete this application form including host family and custodian information (if applicable) and submit by one of the following methods:</p> <p>Email: international@dsbn.org Fax: 1 + 905-685-8511 – Attn: International Education Office Mail: District School Board of Niagara, c/o International Education Office 191 Carlton Street, St. Catharines, Ontario, Canada L2R 7P4 Tel: 1 + 905-641-2929 ext. 54181 or 54176 (Enquiries)</p>	<p style="text-align: center;">STEP 2</p> <p>Include a copy of student transcripts (in English) for the past 3 yrs., AND remit the non-refundable application fee of CAD\$250 and the CAD\$100 courier fee (if courier delivery of Letter of Acceptance is requested) in one of the following ways:</p> <ul style="list-style-type: none"> -Credit card authorization (preferred) -Wire transfer to DSBN -Certified cheque or bank draft or money order -Cash <p>(see further payment instructions at end of this form):</p>
<p>DATE OF APPLICATION Day _____ Month _____ Year _____</p> <p>Due Dates: July 15 for September start OR December 15 for February start (late applications may be accepted on a case-by-case basis)</p>	
STUDENT'S INFORMATION	
<input type="checkbox"/> I am a New Student to DSBN (If you are a returning student, please obtain and complete the separate Returning International Student Application Form)	GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>
STUDENT'S EMAIL ADDRESS: _____	
SURNAME (Family Name): _____	FIRST NAME(S): _____
ENGLISH NAME (If applicable): _____	
DATE OF BIRTH (dd/mm/yyyy): _____	AGE: _____
CITIZENSHIP: _____	COUNTRY OF BIRTH: _____
FIRST LANGUAGE: _____	TEL. NO. IN HOME COUNTRY (Include country & area codes): _____
LAST SCHOOL ATTENDED NAME OF SCHOOL: _____ GRADE: _____ CITY: _____ COUNTRY: _____	
LEVEL OF ENGLISH: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
PARENTS' INFORMATION	
STUDENT'S / FAMILY'S PERMANENT ADDRESS IN HOME COUNTRY: Street Address _____ District _____ City _____ Province _____ Country _____ Postal Code _____	
FATHER'S FULL NAME - Surname / First Name(s): _____	MOTHER'S FULL NAME – Surname / First Name(s): _____
FATHER'S PRIMARY AND ALTERNATE TELEPHONE NUMBERS (Include country & area codes): _____	MOTHER'S PRIMARY AND ALTERNATE TELEPHONE NUMBERS (Include country & area codes): _____
PARENTS' PRIMARY EMAIL ADDRESSES: _____	

PROGRAM INFORMATION

CHECK THE APPROPRIATE BOX BELOW FOR EITHER AN ELEMENTARY OR SECONDARY ACADEMIC PROGRAM **OR** A SHORT-TERM STUDY EXPERIENCE AND THE TERM OF PLANNED ATTENDANCE

ELEMENTARY SCHOOL:

Kindergarten (ages 4-5 yrs) to Grade 8 (age 13 yrs):

- FULL YEAR – September through June
- HALF YEAR – September through January (dates: _____ to _____)
- HALF YEAR – February through June (dates: _____ to _____)
- SHORT TERM STUDY EXPERIENCE (less than 5 mos.)

Specify dates of attendance for short term study (dates: _____ to _____)

SECONDARY SCHOOL:

Grade 9 (age 14 yrs) to Grade 12 (age 17-19 yrs):

- FULL YEAR – September through June
- SEMESTER ONE – September through January
- SEMESTER TWO – February through June
- SHORT TERM STUDY EXPERIENCE (less than 1 semester)

Specify dates of attendance for short term study (dates: _____ to _____)

Note: Tuition fees for short term study (<5 mos.) are pro-rated monthly and assessed on the number of full or part months in attendance.

ESL SUPPORT AND SCHOOL PLACEMENT INFORMATION

The homestay address determines the school where the student will attend. All English language learners will be assessed at the DSBN Welcome Centre for level of English proficiency upon arrival in Canada. For a student with a lower English proficiency level, an ESL-site school (with an intensive level of ESL support) may be recommended. **Choose ONE of the options below:**

- Prefer a school be recommended by DSBN which has an ESL program that provides intensive support to students in need.
- Prefer a school close to the homestay address. There will be limited support by an ESL teacher.
- Prefer to wait on a school decision until after visiting the Welcome Centre upon arrival and receiving a recommendation based on the level of the student's English proficiency.
- Request to attend the following named school in the jurisdiction of the DSBN: _____
I recognize that the homestay address must fall within the designated boundary of this school.

NOTE: To determine the designated boundary school, visit dsbn.org and select Schools > Find a School, enter the homestay address and note the designated Regular School or ESL-site School for the grade level. Bus transportation will be provided if applicable.

HOMESTAY INFORMATION (OR Address Where You Will be Residing)

CHECK ONLY ONE BELOW (If Applicable)

- I have contacted a homestay organization to locate a Niagara Host Family in the boundary of my chosen school.
Name of homestay organization and contact person:

OR

- I have arranged/will be arranging a Niagara Host Family on my own in the boundary of my chosen school.

NAME OF THE HOST FAMILY CONTACT (If Applicable)

SURNAME:

FIRST NAME:

ADDRESS OF HOST FAMILY (or address where you will be residing)

TELEPHONE NO. OF HOST FAMILY: _____

EMAIL ADDRESS OF HOST FAMILY: _____

NOTE: You must provide on this application or must notify international@dsbn.org of the homestay address before the Letter of Acceptance will be issued. Student's homestay address in Niagara must be within the stated boundaries of the Regular or ESL-Site school attended.

CUSTODIANSHIP INFORMATION

A Custodian is required if student is a minor (under 18 years of age) living in Ontario and not living with a parent/guardian. The Custodian must be a Canadian citizen or permanent resident of Canada over the age of 19 years and must live within a reasonable distance from the student. A Custodianship Declaration must be made by the parents/guardians and by the named custodian and the documents must be notarized.

NAME OF CUSTODIAN: SURNAME:

GIVEN NAME(S):

FULL ADDRESS OF CUSTODIAN:

TEL. NO. OF CUSTODIAN:

RELATIONSHIP TO STUDENT:

SERVICE PROVIDER (AGENT) INFORMATION (Complete only if student was referred by an "agent")

A Service Provider (S.P.) is a registered business organization that has referred the student to the DSBN for study. To be eligible for commissions, the S.P. must be approved by the DSBN. An application to become a Service Provider may be obtained from the website: dsbn.org/international

NAME OF SERVICE PROVIDER ORGANIZATION:

NAME OF SERVICE PROVIDER CONTACT PERSON:

 Approved S.P. Applying to be a S.P.

SURNAME:

GIVEN NAME(S):

ADDRESS OF SERVICE PROVIDER ORGANIZATION:

 Street Address _____
 District _____
 City _____
 Province _____
 Country _____
 Postal Code _____

 TELEPHONE NUMBER OF SERVICE PROVIDER CONTACT
 (Include country and area codes):

EMAIL ADDRESS OF SERVICE PROVIDER CONTACT:

STUDENT'S HEALTH INFORMATION

Do you have any learning disabilities, allergies, mental health or medical conditions or take any medications? Yes No
 This information will help DSBN provide the best support for you. If Yes, please describe:

LETTER OF ACCEPTANCE AND RECEIPTS FOR FEES

The official Letter of Acceptance (LOA) and a Receipt for payment of the application fee will be issued by the DSBN within one week of receiving complete information on the student application form, transcripts, payment of at least the application fee, and the LOA courier fee (if applicable).

A PDF copy of the LOA, receipts for fees paid, and fee invoice, will normally be sent to the email address of the entity that paid the fees (e.g. either to a Parent's primary email address if the Parent(s) paid the fees, or to the service provider's email address if the S.P. paid the fees).

The original copy of the LOA will normally be placed in the regular mail system to the recipient checked-off below. Should a 3-day courier service be requested for delivery of the original LOA, a courier fee of CAD\$100 will be assessed and must be submitted along with the application fee.

Mail original LOA to a Parent's permanent address in home country **OR** Mail original LOA to Service Provider's mailing address (If Applicable) **AND** Mail original LOA by 3-day courier to the recipient checked-off at left

PERMISSION TO RELEASE INFORMATION

I/my parents give permission for the following to receive school progress reports if needed:

The Custodian The Homestay Organization Director The Homestay Family The Service Provider

HEALTHCARE INSURANCE COVERAGE IN CANADA

I acknowledge that it is my responsibility as the student, or that of my parents (if I am a minor), to purchase and maintain adequate healthcare insurance coverage effective in Canada for the period of enrolment at the DSBN. The insurance certificate must be presented at the DSBN Welcome Centre prior to registering at the school. I acknowledge, also, that it is my responsibility, or that of my parents (if I am a minor), to renew my healthcare insurance coverage and maintain it in the event my study permit from CIC is extended and my attendance at the DSBN is extended in accordance with a subsequent Letter of Acceptance. *(For convenience, sample insurance providers are listed in the student application guide, but any appropriate provider may be used.)*

Signature of Student _____ Date _____

Parent/Guardian Signatures (if student is under the age of 18 years)

(Mother) _____ (Father) _____ Date _____

TERMS AND CONDITIONS OF ACCEPTANCE TO AND PARTICIPATION IN THE DSBN

1. Submit a fully completed DSBN International Student Application Form and academic transcripts from the past 3 yrs., along with at least the non-refundable application fee and the LOA courier fee (if applicable) by the specified application deadlines.
2. Pay the designated tuition fees outlined in the guide by the specified due dates acknowledging that fees are subject to change without notice.
3. Present the following documentation at a scheduled orientation/assessment appointment at the DSBN Welcome Centre **prior to** registering in person at the designated school: a) passport with Canadian visa or birth certificate; b) valid Canadian study permit (if applicable); c) school transcript/record of the last 3 yrs.–if translated to English, must be notarized; d) a completed custodial document from the parent and the custodian where the student is a minor (each notarized); e) healthcare insurance certificate with coverage effective in Canada for the period of study at the DSB; and, f) an up-to-date immunization record in English (if translated to English, must be notarized).
4. Agree to indemnify and save harmless the DSBN, its officers, employees and agents from any and all claims, expenses, actions of students, or claims from parents of students, or educational service representatives or any other person, firm or corporation arising out of the student's periods of study at the DSBN and travel.
5. Acknowledge that the DSBN is not liable for losses or expenses related to cancelled classes or programs due to labour disputes, inclement weather conditions, or other causes beyond its control.
6. Confirm that there have been no known misrepresentations made on the DSBN International Student Application Form.
7. Maintain a valid Canadian study permit throughout the period of enrolment at the DSBN.
8. Comply with the laws of the Province of Ontario and the federal laws of Canada.
9. Attend school regularly, meet school-work expectations, and comply with the DSBN student code of conduct.
10. In the case of returning for a subsequent study period at the DSBN, complete and submit a Returning International Student Application Form, pay the required fees, obtain a new LOA, and contact the DSBN Welcome Centre to make an appointment for re-registration for the DSBN. In this case, also maintain adequate healthcare insurance coverage for the extended period of enrolment.
11. Notify the school Principal as well as the International Education Coordinator (international@dsbn.org) of:
 - any change to student immigration status (e.g. study permit expiration or renewal; permanent residence status, etc.)
 - any change to student custodianship arrangements (e.g. different custodian, address, telephone number, or emergency contact).
 - any change to student host family arrangements (e.g. different host family, address, telephone number, or emergency contact)

I, the undersigned, understand and accept the Terms and Conditions for Acceptance and Participation in the District School Board of Niagara and understand that my signature below also grants permission for:

- My / My child's participation in any school-related activities arranged by the DSBN.
- The DSBN to use photographs/videos of me / my child and/or artwork and/or written work produced by me / my child in any promotional material and/or professional media for the DSBN.

Signature of Student _____ Date _____

Parent/Guardian Signatures (if student is under the age of 18 years)

(Mother) _____ (Father) _____ Date _____

OPTIONS FOR MAKING PAYMENT (All payments in Canadian funds – Check one option below)

Credit Card Authorization (complete this if using credit card)

Card Type: MasterCard Visa

Card No.: _____

Card Expiry (mm/yy): _____ / _____

Validation Code (on back of card) _____

Amount: \$ _____.

Cardholder Name: _____

Cardholder Address: _____

Cardholder Signature: _____

Bank Wire Transfer

(Follow this if using bank transfer)

Name of Account:

District School Board of Niagara

Bank No.: 010

Transit No.: 00172

Account No.: 31-04419

Swift Code: CIBCCATT

C.I.B.C

41 King St., St. Catharines

Ontario, Canada L2R 6S2

Add \$15 to total fees being transferred to cover bank service charges

Cash, or

Certified Cheque or Bank Draft or Money Order
payable to the
District School Board of Niagara

Submit in person or by mail to:
Maira Berzins, Finance Dept.
District School Board of Niagara,
191 Carlton St., St. Catharines,
Ontario, Canada L2R 7P4
Write student name in Memo