

Durham Academy Secondary School

900 King Street East • Oshawa, Ontario • CANADA L1H 1H2

http://www.durhammontessori.ca

INTERNATIONAL STUDENT APPLICATION

Each applicant must provide the documents on the checklist below. Non-English documents must be accompanied by notarized English translations.

Contact Susan, the International Admissions Counselor,

at <u>durhamacademyinternational@gmail.com</u> with questions.

CHECKLIST

- 1) International Student form.
- 2) Enrollment Form Student Information form.
- 3) Student Medical Information form.
- 4) For New Students Only form.
- 5) Consent for Transfer of School Records form.
- 6) Academic transcripts for your last two years of study.
- 7) English proficiency test scores, if available (optional).
- 8) Copy of your passport.

Note to Educational Consultants: Include your contact information under "Others" on the For New Students Only form.

All application documents can be scanned and emailed to <u>durhamacademyinternational@gmail.com</u>.

Applicants offered admission will need to present original documents during orientation.

PROCESS

Upon receipt of all the documents listed above:

- 1) Your application will be reviewed by the International Admissions Counselor and then referred to the Principal;
- 2) You will be contacted to arrange for an interview via Skype. If possible, both parents (or guardian) should be available for the interview, along with the applicant;
- 3) Admissions decisions will be made within 10 days of your interview. You will receive your decision via an emailed Durham Academy Letter of Admission from the International Admissions Counselor or your Educational Consultant.
- 4) To accept your offer of admission an Administrative Fee of \$200 and a deposit of \$5000 must be returned within three weeks of the date on the Letter of Admission. The \$5000 deposit will be applied towards the first year of tuition, or refunded if a study permit is not approved. A tuition payment plan is available.
- 5) Upon receipt of the deposit, you will be provided with a **Student Admission Form** that will list all of the information, including housing arrangements, that is required for the study permit application.
- 6) You may use the Student Admission Form, along with the Letter of Admission, to apply for your study permit with the closest Canadian consulate. Our International Admissions Counselor can also assist you with the study permit application for an additional fee of \$475. Please contact Susan at <u>durhamacademyinternational@gmail.com</u> for more information.

IMPORTANT DATES FOR 2017

Attendance at Orientation is mandatory. Parents or guardians are welcome to attend. Airport pick-up is provided at no extra charge from Toronto Pearson International Airport (YYZ) on the dates noted below.

FEBRUARY 2017 Enrollment

February 20, 21, 22: Airport pick-up February 23, 24: Orientation February 27: Classes begin

SEPTEMBER 2017 Enrollment

August 28, 29, 30: Airport pick-up August 31, September 1: Orientation September 5: Classes begin

			I plan to study:				
INTERNATIONAL STUDENT FORM		0	 beginning February 2017 beginning September 2017 in Grade 9 in Grade 10 in Grade 11 in Grade 12 				
			for one year (9 months) for one year or longer				
Student's Surname	First Name		Preferred Name				
If you are already in Canada what is your status?	Studen	t/Parent EMAIL:					
Study Permit Visitor Othe	r:						
English Language Test Results (optional):							
IELTS:		TOEFL:	Other (Spec	ify):			
	Tell	us more about you	rself				
Interests Science Tech	nology	Sports:					
				Arts:			
Other academic subjects:				Musical Instruments:			
				O Photography or Film:			
		Other:					
Goals Attend University in Canada	a						
Attend College in Canada							
Attend University in the Unive							
Attend University in your ho Other:	ome country						
Services Airport pick-up (on dates n	oted on information shee	t)					
Needed Accommodations or homes		Academy					
Custodianship provided by	-						
	English as a Second Language tutoring						
Application for study permi	t assistance						
Other:							
Is there other information you would like us to know about you?							



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ENROLLMENT FORM STUDENT INFORMATION						
Grade Enrolling: Start Date	e: DD	_// 		□ Previous Student	□ New Student	
Program Applying for:	tario Cu	rriculum)		🗆 ESL (English	as a Second Language)	
Student's Name:		First Name		Middle Name	(Preferred Name)	
Date of Birth (DD/MM/YY): / Age:			□ Male	E Female		
Address:				City:		
Postal Code: Home Telepho	Postal Code: Home Telephone #:					
Citizenship (Proof of Citizenship Required):		□ Landed Im	migrant	Visa Student	□ Visitor	
FAN	/ILY	INFORM/	TION			
Father's Information				Contact Ir	formation	
Name: (Mr./Dr.) Last Name		First Nam		Address:		
Occupation:			Home	2:		
Place of Employment:			Work	:		
Employer's Address:			Cell:			
Mother's Information				Contact Information		
Name: (Mrs./Ms./Dr.) Last Name First Name				Email Address:		
Occupation:			Home	9:		
Place of Employment:			Work	:		
Employer's Address:			Cell:			
Custodian's Information (if applicable)				Contact Information		
Name: (Mr./Ms./Mrs./Dr.)		First Nam		Address:		
Occupation:			Home	2:		
Place of Employment:			Work	Work:		
Employer's Address:			Cell:	Cell:		
Home Address:			City:		Postal Code:	
Does the student live with: Parent(s) Guardian(s)? Parents' Marital Status: Married Divorced Separated Single						
If divorced or separated, who is the custodial parent?						
Names, ages, and dates of attendance of any brothers or sisters who are attending or have attended Durham Academy Secondary School:						



STUDENT MEDICAL INFORMATION						
Student's Name:	Surna	me		First Name		Date of Birth (DD/MM/YY)
Ontario Health Card				Thot Humo	Expiry Date	(YYYY/MM/DD):
Other Insurance (Co	mpany and Policy	/#) :				
Student's Doctor:				Doctor's Tel	lephone #:	
Dietary Restrictions: (List all foods the student should not eat for religious / dietary reasons)						
Les the student been dismosed with allowing 2 kings places describer				□ YES □ NO □ YES □ NO		
Does the student require an EPI-PEN?						
If yes, you will be required to complete the "Administration of Prescription Medication for Anaphylaxis" form once the student is in attendance. (Please provide a medical note from the student's doctor describing the nature of the allergy.)						
					□ YES □ NO □ YES □ NO	
	Does the student take any medication regularly? YES					
If yes, then please provide name of medication:						
Reason and Dosage:						
Please specify any medical, social, or emotional problems the school should be aware of:						
EMERGENCY CONTACT AND RELEASE AUTHORIZATION:						
The School is authorized to release the student to the individuals listed below. Those individuals can also be contacted in case of emergency should the School not be able to contact the parent(s)/guardian(s)/custodian(s).						
EMERGENCY CONTACT	RELATIONSHIP	HOME	WORK	CELL		EMAIL ADDRESS



FOR NEW STUDENTS ONLY

HOW DID YOU HEAR ABOUT DURHAM ACADEMY SECONDARY SCHOOL?						
□ Sibling / family in School	Website	Guides	Others, please list:			
Referral by friend	Please provide URL:	Please provide name:				
Former student	Signs	Local papers				
Live / work in area	Location:	Please provide name:				
School flyer						
	ACADEMIC	CHISTORY	1			
Name of current school:						
Address:		City: Postal Code:				
Telephone: ()		Fax: ()				
Name of last teacher:		Name of principal:				
Please list names and addres	sses of any other previous scho	ols (3 maximum):				
1.						
2.						
3.						
Has the student been enrolled in any special program (example: gifted, French immersion, special education)? Please describe and provide dates:						
Has the student been through an IPRC review? □ YES □ NO (If yes, please attach any recommendations.)						
Does the student have any special learning, behavioural or physical difficulties? (We ask this In order to better understand and care for your child.)						
Please describe:						
רוכמשב עבשנו ושב.						
Has the student ever been suspended or expelled from any school?						
PLEASE SIGN BELOW TO CONFIRM THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT						
Parent's or Guardian's Signat	ure:	Date:				



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CONSENT FOR TRANSFER OF SCHOOL RECORDS

In accordance with the Ontario Student Record (OSR) Guideline published by the Ministry of Education and the provisions of the Municipal Freedom of Information and Protection of Privacy Act, **DURHAM ACADEMY SECONDARY SCHOOL** requires consent from the parent or guardian to request student records.

I hereby consent to the transfer of student records and evaluations for:

Student's Surname (*Please Print*)

Student's First Name (*Please Print*)

From:

NAME OF CURRENT SCHOOL:

ADDRESS OF CURRENT SCHOOL:

TELEPHONE NUMBER:

EMAIL ADDRESS:

FAX NUMBER:

Parent's or Guardian's Signature

Date