



DATE OF APPLICATION: _____ AGENCY: _____

APPLYING FOR CANADIAN GRADE LEVEL: 10 11 in the Canadian school year:
DURATION OF STUDY: 5 months 10 months

STUDENT INFORMATION (as shown on passport)

Last Name: _____ Date of Birth: ____/____/____
day / month / year

Given Name(s): _____ Age: _____

Home Address: _____ Gender: Male Female

House or Apartment # _____ Street _____

City _____ Province/State _____

Postal code: _____ Country _____

Citizenship: _____ Country of Birth: _____

Mother/First Language: _____

Home Telephone: (____) (____) _____
country code city code

Mobile Telephone: (____) (____) _____
country code city code

E-mail: _____

Please provide the best contact:

 _____

 _____

 _____

Please send us a
head-shot photo of
yourself
(passport style)

My favourite school sports are: _____

During my time in Canada I would like to try out for the following sports teams: *(if available / team acceptance not a guarantee):*

I play the following musical instruments: _____

I have taken dance lessons in the following dance styles: _____

I speak the following languages *other than English and my first language (per page 1):* _____

During my time in Canada I would like to participate in the following social or academic clubs:

I most like to read: Fiction/Novels Non-fiction Short-Stories Poems

My favourite book is: _____

My other hobbies include: _____

My favourite music artist or band is: _____

My favourite movie is: _____

From what you know of Canada, what would you most like to see or do during your stay?

Please clearly PRINT names as they appear on legal documents/passports
Names and Dates of Birth will be used to create legal custodial documents required for study permit.

PARENT #1: FAMILY Name: _____ Given Name(s) _____
 Relationship to student: _____ Date of Birth: (day/month/year) _____ / _____ / _____
 Occupation: _____ Business Phone: (____)(____) _____
country code city code
 Address: same as student or _____
 Home Phone: same as student or (____)(____) _____
country code city code
 Mobile: (____)(____) _____ E-mail: _____
country code city code

PARENT #2: FAMILY Name: _____ Given Name(s) _____
 Relationship to student: _____ Date of Birth: (day/month/year) _____ / _____ / _____
 Occupation: _____ Business Phone: (____)(____) _____
country code city code
 Address: same as student or _____
 Home Phone: same as student or (____)(____) _____
country code city code
 Mobile: (____)(____) _____ E-mail: _____
country code city code

Parents are: Married Common-Law Divorced Widowed
 Student lives with: PARENT #1 PARENT #2 OTHER _____
 If divorced, legal custody of the student resides with: PARENT #1 PARENT #2 OTHER _____
 Parent who should receive communications: PARENT #1 PARENT #2 OTHER _____

SIBLINGS / OTHER FAMILY

Please list all other immediate family members, their ages, relationships and occupations.

NAME	DATE OF BIRTH (day/month/year)	RELATIONSHIP TO STUDENT APPLICANT	OCCUPATION / STUDY LEVEL

Have any of the above-listed siblings ever attended: CISS MLI Programme?
 A School-Abroad Programme: No Yes: Location: _____ YES NO
 A Summer Programme: No Yes: Programme Name: _____ YES NO
Does student have any relatives or close friends living in Canada? YES NO
 If yes: in which city? _____ Expectation for student to visit? YES NO

EMERGENCY CONTACT: (should parents be unavailable for consultation)
 Contact name: _____
 Telephone number: (____)(____) _____ Email: _____
country code city code
 Relationship: _____
 Main language(s) spoken: _____ Speaks English? Yes No

I am applying for Canadian grade level: 10 11

CURRENT SCHOOL INFORMATION:

Name of school currently attending: _____

Number of years at this school: _____
 Current grade level: _____
 Expected year of graduation: _____

Have you ever failed a grade YES NO
 If yes, which grade and any specific reasons for the difficulty in that year?

ACADEMIC PROGRAMME GOALS

I need to **COVALIDATE** my studies in Canada: YES NO

COURSE REQUESTS

IMPORTANT: CISS MLI will endeavour to confirm selections, but cannot guarantee all courses requested. Priority will be given to placement in courses required for covalidation ahead of interest courses.

- Most Canadian public schools operate on a SEMESTER basis. Students take 4 classes in Semester 1 + 4 different classes in Semester 2 for a total of 8 for the school year.

Canadian age to grade	
Age*	Most Provinces
12	7 (ES or MS)
13	8 (ES or MS)
14	9 (HS)
15	10 (HS)
16	11 (HS)
17	12 (HS)
18	Post-Secondary

*Age as of December of the school year attending (ie. school year 2020-21 = as of December 2020)

HS = High School
MS = Middle School
ES = Elementary School

Courses required for Covalidation (credit required):	Other courses of interest:

My favourite subjects are: _____

My least favourite subjects are: _____

I struggle the most in: _____

My **Post Secondary Goals** are: University in Home country Canada Other
 Other: _____

What are your future career plans? _____

Additional comments: _____

ENGLISH PROFICIENCY

**ALL APPLICANTS:
English Teacher Reference also
required**

Number of years studying English: _____

How many hours per week of English study: _____

Level of English Proficiency: Beginner Low-intermediate High intermediate Advanced
or: CEFR (*Common European Framework*) A1 A2 B1 B2 C1 C2

Please list any English Proficiency tests taken (a copy of results may be requested)

Name of Test:	Date Taken:	Score:

ESL/ELL Support (English as Second Language/English Language Learning):

As not all schools offer ESL/ELL support, many school boards/districts require students to take an online PRE-ARRIVAL English assessment, as well as a second assessment upon arrival. *This test will take precedence over any tests taken by the student in their home country, and is used mainly for placing the student in the school within the district best suited to support their English needs.*

PERSONALITY:

Check the all personality traits that best describe you:

Independent	Outgoing	Shy	Organized	Disorganized
Energetic	Optimistic	Tidy	Talkative	Quiet
Other: _____				

I make new friends easily	YES	NO	
In new situations, I tend to:	Worry or stress		Embrace the challenge
When speaking English I:	Worry about mistakes		Welcome correction
	Focus on grammar		Just talk, however it comes out

My attitude about school is:	I like it a lot	It's OK	I don't really like it
What aspects of school do you most enjoy? _____			

Which aspects of this programme are you most excited about? _____

Which aspects of this programme most concern you? _____

PERSONAL HABITS:

I like to wake up:	Very early	When I have to		
When I wake up I like:	Silence	To talk	To listen to music	
As a family, eat together at:	Breakfast	Lunch	Dinner/supper	
On school nights I usually go to bed at:	_____	pm	am	
My curfew on school nights is:	_____	pm	am	I don't have one
My curfew on weekends is:	_____	pm	am	I don't have one
Do you have your own bedroom:	Yes	No, I share with	_____	
Do you tidy up and make your own bed?	Yes	No, my	_____	does it

Please describe:

- > Household chores that you do _____
- > Rules in your family _____

> How much homework do you typically receive per week: _____ hrs

> When do you usually do your homework:

After school	After dinner/supper	Before going to bed
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> Optional:

I belong to the following religion: _____	Active	Non-Active
I attend church/religious institution services	Regularly	On special holidays/events only
I would like to attend religious services while in Canada:	YES	NO
I am willing to attend these on my own:	YES	NO

FAMILY & LIFESTYLE: Home away from home

NOTICE for students who will reside with a host family

Canada is a multicultural society, where - in accordance with the Canadian Charter of Rights and Freedoms - people of all cultures and ethnicity are welcomed and form an integral part of the culture of each community. Homestay families represent the standard "middle class" of Canada. Families are selected based on their willingness to welcome a student into their home as a member of their family, offering shelter, meals, security, comfort...essentially everything equal to a "home away from home". Our families come from a variety of ethnic backgrounds and domestic configurations - from couples with children, to single parents or even childless couples or single adults. Regardless of how a family appears on paper or the size of home, you can be assured that your child will be well cared for in a comfortable and safe home, where English is the main language spoken among the family members.

I/we understand this is the outline of the homestay programme, and that we cannot request a host family, or a change of host family, based on racial or cultural background.

Please initial in box. Initials represent understanding and acceptance of this policy.

Student:

Parent #1:

Parent #2:

Tell us about your home life:

I live with my: _____

Describe your lifestyle with your family: _____

On school nights what do you typically do with

- your parents? _____
- your siblings? _____
- your friends ? _____

On weekends, what do you typically do you typically do with

- your parents? _____
- your siblings? _____
- your friends ? _____

Which activities do you most enjoy doing in your leisure time: _____

- | | |
|----------------------|---------------------------------------|
| Reading | Theatre plays |
| Watching TV shows | Chatting with friends on the computer |
| Watching movies | Playing computer games |
| Going out to movies | Playing chess |
| Going out for meals | Listening to music |
| Playing board games | Playing a musical instrument |
| Playing sports | Cooking |
| Watching live sports | Dancing |
| Sightseeing | Hiking |
| Shopping | Camping |
| Going to parties | Other: _____ |

How many hours do you spend on the computer/tablet/mobile device:

_____ per day
_____ per week

How many hours do you spending watching TV:

_____ per day
_____ per week

FOOD PREFERENCES / ALLERGIES

**** SPECIALTY DIETS such as Vegetarian, Gluten-Free, Lactose-Free, Kosher or Vegan cannot be accommodated in this programme.****

Which of the following statements apply to you:

- | | |
|--|--|
| <input type="checkbox"/> I eat almost everything | <input type="checkbox"/> I enjoy eating dinner as a family |
| <input type="checkbox"/> I am open to trying new foods | <input type="checkbox"/> I prefer a light breakfast |
| <input type="checkbox"/> I am not very adventurous with new food | <input type="checkbox"/> I don't eat breakfast at all |
| <input type="checkbox"/> I eat vegetables | <input type="checkbox"/> I love desserts |
| <input type="checkbox"/> I enjoy cooking | <input type="checkbox"/> I am concerned about gaining weight |

What are your favourite foods: _____

What are your least favourite foods: _____

Which food will you absolutely NOT eat: _____

- | | | |
|--------------------------------------|-----|----|
| Do you have a PEANUT allergy: | YES | NO |
| Do you have other FOOD allergies: | YES | NO |
| Do you have allergies to PETS? | YES | NO |
| Do you have a fear of any animal(s)? | YES | NO |

(you can list more specific allergies, reaction and medications in the Health Form)

For YES reply, please specify reaction or list specific animals

NOTE: many host families in the locations for this programme are pet owners. Placement restrictions due to severe allergies or dislike to cats or dogs may be difficult to manage.

FAMILY STYLE

Please rank in order of importance the following from 1 to 6 (1= most important /6 = least important).

NOTE: each rank number can only be used once

- | | |
|--|---|
| <input type="checkbox"/> Dual parents | <input type="checkbox"/> Sporty family |
| <input type="checkbox"/> Host siblings (any age) | <input type="checkbox"/> Religious family |
| <input type="checkbox"/> Proximity to school | <input type="checkbox"/> Quiet family |

Note: CISS MLI will endeavour to match a host family to what is most important to you.

*However, CISS MLI **cannot guarantee** a match to all top preferences.*

Have you ever lived away from home? YES NO
If yes, where _____ for how long? _____

- | | | |
|--|-----|-----------------------------------|
| Do you smoke/vape? | YES | NO |
| Do you understand you must be willing to quit? | YES | NO <small>(see side note)</small> |
| Are you able live with a family that smokes <u>outside</u> ? | YES | NO |

BE TRUTHFUL.
Misrepresentation may result in a required change of host family at a supplementary cost.

NOTE: The majority of student placements are one (1) CISS MLI student per family, but it is CISS MLI policy to place up to two (2) students per family, provided the students are of a different nationality/language group. Both students receive their own private bedroom and may attend the same school. CISS MLI will advise at time of placement if another student will be in the home, or will advise should a single placement change prior to arrival.

Note: in most provinces in Canada, the legal age to purchase cigarettes / e-liquid is 18 or 19 years. Host families and other adults are legally forbidden to purchase cigarettes or e-liquid for under-age persons.

TELL US ABOUT YOURSELF



- Be CREATIVE!!** On a separate page, using **5-10 photos**, show us
1. About you and your family- where you live, frequently go, activities you do together
 2. Which sports, hobbies or other activities best illustrate your interests
 3. What you and your friends like to do together

MOTIVATIONAL LETTER OF INTENT

Please write - in full and complete sentences - a letter to the school outlining your motivation for coming on a high school programme in Canada. Please include the following ideas:

- 1. Why have you chosen to participate in this high school programme in Canada?**
- 2. Describe both the academic and personal results you expect to attain by the end of your stay.**
- 3. What expectations do you have from your school, community and homestay experience?**

Student name / e-signature

Date

PARTICIPATION IN SCHOOL SPORTS, SCHOOL-ORGANIZED TRIPS AND OTHER ACTIVITIES

- I/we grant permission for my/our child to participate in school organized and supervised field trips.
- I/we grant permission for my/our child to participate in regular school sports
 (with the exception of: _____)
- I/we authorize CISS MLI and my/our child’s homestay parents to approve and sign permission slips for any school sponsored field trips, sports teams and club activities.
- Trips or activities that are organized outside of the school environment or which include extensive travel will require additional parental consent specific to that activity/trip.

HIGH RISK SPORTS/ACTIVITIES

CISS MLI defines a high risk sport/activity as: *an activity or sport that carries a risk to personal safety and requires the training or development of skills to attain proficiency/safe participation. These sports or activities also involve external risk factors that may affect and/or harm the participant, regardless of their skill level.*

5. I/we understand that if my/our child is considering participating in a school-sponsored or otherwise arranged high-risk activity, CISS MLI will do the first round of risk assessment and advise their decision for my/our child. Should the activity be deemed suitable, I/we will be notified (regardless of my/our approval below), and acknowledge that I/ we may be asked to sign an additional waiver form specific to that the event or activity. I/we may choose at that time to decline or approve my/our permission.

Activity	Permission		Activity	Permission	
American Football	YES	NO	Rock Climbing - indoor	YES	NO
Canoe/Kayaking	YES	NO	Rock Climbing - outdoor	YES	NO
Downhill skiing	YES	NO	Snowmobiling	YES	NO
Snowboarding	YES	NO	Swimming - pool	YES	NO
Horseback riding	YES	NO	Swimming - natural water	YES	NO
Ice hockey	YES	NO	Waterskiing/Waterboarding	YES	NO
Mountain Biking	YES	NO	White Water Rafting	YES	NO
Rugby	YES	NO	Ziplining	YES	NO

NOTE 1: Any other high risk activities outside of this list will be advised in the event of a specific request.

NOTE 2: To participate in any activities, students must wear the appropriate safety clothing and equipment, including but not limited to, a CSA (Canadian Standards Association) Approved Helmet and/or Life Jacket.

Please indicate the proficiency level of your child in the following sports/activities:

Swimming:	non-swimmer	beginner	deep-end approved	
Downhill skiing:	non-skier	beginner	intermediate	expert
Snowboarding:	non-boarder	beginner	intermediate	expert

Comments: _____

6. If my/our child carries emergency medical insurance arranged independently of CISS MLI or the school, I/we will ensure prior to granting any consent, that the sport or activity in which my/our child wishes to participate is fully covered by our insurance plan. A copy of this policy must be sent to CISS MLI.

Please initial in box. Initials represent understanding of point #6		
Student: <input style="width: 60px; height: 25px;" type="text"/>	Parent #1: <input style="width: 60px; height: 25px;" type="text"/>	Parent #2: <input style="width: 60px; height: 25px;" type="text"/>



CANADIAN EXPLORER
STUDENT APPLICATION FORM

PARENT LETTER

DEAR PARENT(S) - We are interested in your perspective about your child.

What are the 3 best qualities about your child: _____

Is there any aspect of your child you would like to see improved by this experience? _____

Generally speaking, do you permit your child to go out with friends

- on a school night NO YES: Curfew to be home: _____
- on a weekend: NO YES: Curfew to be home: _____

Does your child drink alcoholic beverages with your family: NO YES: _____

Does your child drink alcoholic beverages with friends: NO YES: _____

Does your child date regularly: NO YES

Does your child have a steady boyfriend/girlfriend? NO YES

If YES: how do you think your child will feel about being separated from their boyfriend/girl for the duration of their programme? _____

Does your child smoke cigarettes/vape e-liquid? NO YES

If YES: have you already spoken to him/her about the non-smoking aspect of this programme, and our expectation that he/she will quit? NO YES

Please write a short letter describing your child's personality, interests, relationships, future aspirations and home life. Feel free to add any other relevant information which may be helpful to a teacher or host family.

Parent name / e-signature

Date