



DATE OF APPLICATION: _____ AGENCY: _____
 APPLYING FOR CANADIAN GRADE LEVEL: _____

SHORT-TERM IMMERSION / PUBLIC SCHOOLS

Destination in Canada: _____ **Preferred Region:** _____
weeks: _____ **Preferred Community:** _____
Arrival date: _____ **Departure date:** _____

STUDENT INFORMATION

Last Name: _____ Date of Birth: _____ / _____ / _____
day / month / year
 Given Name(s): _____ Age: _____
 Home Address: _____ Gender: Male Female
 House/Apt # + Street _____
 City _____ Province/State _____
 Postal/Zip code _____ Country _____
 Citizenship: _____ Country of Birth: _____
 Native/First Language: _____
 Home Telephone: (_____) (_____) _____
country code city code
 Mobile Telephone: (_____) (_____) _____
country code city code
 E-mail: _____

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

FAMILY INFORMATION

Student lives with: PARENT #1 PARENT #2 OTHER

PARENT #1: Name: _____ **Occupation:** _____
Date of Birth: (day/month/year) _____ / _____ / _____
Business Phone: (_____) (_____) _____ **E-mail:** _____
country code city code
PARENT #2: Name: _____ **Occupation:** _____
Date of Birth: (day/month/year) _____ / _____ / _____
Business Phone: (_____) (_____) _____ **E-mail:** _____
country code city code

SIBLINGS / OTHER FAMILY

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

NAME	AGE	RELATIONSHIP	OCCUPATION

If student lives with only one parent or "other", please explain custody details: _____



SHORT-TERM EXPERIENCE APPLICATION

SCHOOL & COURSES

EMERGENCY CONTACT: (should parent(s) be unavailable for consultation)

Contact name: _____

Telephone number: () () _____
country code city code

Email: _____

Relationship to student: _____

Language(s) Spoken: _____ Speaks English? Yes No

SCHOOL INFORMATION / ENGLISH LEVEL

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 (<i>Common European Framework</i>)	A1	A2 B1	B2 C1 C2	

Do you wish to take ESL classes or tutoring while in Canada: YES NO

Are you willing to pay additional costs if ESL is not included in curriculum: YES NO

budget: \$ _____

Are you interested in a private tutor if ESL is not available in the school: YES NO

budget: \$ _____

Note: ESL support may be recommended or required by the school as condition of acceptance. A school's recommendation may supersede student or family request. Many Canadian public schools offer ESL as part of the curriculum, with little or no additional costs. CISS will endeavour to achieve placement in these schools first.

COURSE REQUESTS

IMPORTANT: For short-term experience students, schools will consider requests, but cannot guarantee specific courses. Priority is given to full-year students and those students requiring courses for covalidation

I am most interested in taking the following courses

- | |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |

Most Canadian Public schools operate on a SEMESTER basis. Students take 4 subject courses per semester.

My favourite subjects are: _____

My least favourite subjects are: _____

I struggle the most in: _____

Have you ever failed a grade YES NO

If yes, which grade and any specific reasons for the difficulty in that year?

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, we 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	In evening after dinner/supper	Before going to bed
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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 parent(s)? _____

- your sibling(s)? _____

- your friends ? _____

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

- your parent(s)? _____

- your sibling(s)? _____

- your friends ? _____

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

Reading

Watching TV shows

Watching movies

Going out to movies

Going out for meals

Playing board games

Playing sports

Watching live sports

Sightseeing

Shopping

Going to parties

Theatre plays

Chatting with friends on the computer

Playing computer games

Playing chess

Listening to music

Playing a musical instrument

Cooking

Dancing

Hiking

Camping

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

Are you: **Vegetarian** **Vegan*** **Gluten-Free*** **Lactose-Free*** **Kosher***
**Supplementary Fees apply for specialized food purchases*

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

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

For YES reply, please list:

FAMILY STYLE

Please rank in order of importance the following from 1 to 8 (1= most important / 8 = least important).

NOTE: each rank number can only be used once

- | | |
|--|--|
| <input type="checkbox"/> Dual parents | <input type="checkbox"/> Public transit access |
| <input type="checkbox"/> Host siblings (any age) | <input type="checkbox"/> Religious family |
| <input type="checkbox"/> Pets in the home | <input type="checkbox"/> Quiet family |
| <input type="checkbox"/> Proximity to school | <input type="checkbox"/> Sporty 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.*

Do you have a fear of any animal(s)? _____
 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 (see side note)
 Are you able live with a family that smokes outside? 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

Photo
Collage

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

ARTICIPATION 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.*

- 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: _____

- 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: 50px; height: 20px;" type="text"/>	Parent #1: <input style="width: 50px; height: 20px;" type="text"/>	Parent #2: <input style="width: 50px; height: 20px;" type="text"/>



SHORT-TERM EXPERIENCE APPLICATION

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