

DATE OF APPLICATION: \_\_\_\_\_ AGENCY: \_\_\_\_\_

APPLYING FOR CANADIAN GRADE LEVEL: \_\_\_\_\_ in the Canadian school year:

SCHOOL PROGRAMME: I am applying for: Public School Private School

PUBLIC SCHOOLS	PRIVATE SCHOOLS
Preferred COMMUNITY: _____ Preferred SCHOOL: #1 _____ <i>school choices are not guaranteed</i> #2 _____ #3 _____  <b>FULL YEAR:</b> 10 months: September to June <b>SEMESTER 1:</b> 5 months: September to January <b>SEMESTER 2:</b> 5 months: February to June <b>SHORT-TERM*:</b> # weeks: _____ Start date: _____ <i>* Select schools only - acceptance not guaranteed/covalidation not possible</i>	CHOICE #1: _____ CHOICE #2: _____  <b>FULL YEAR:</b> 10 months: September to June <b>SEMESTER 1*:</b> 5 months: September to January <b>SEMESTER 2*:</b> 5 months: February to June <i>* Select schools only - acceptance/covalidation not guaranteed</i>
<b>Specialty Options</b> <i>if available in school of choice</i>	ESL Support/Classes French Immersion (2-3 classes taught in French) I.B. Programme (may require 2-year study programme) A.P. Programme (typically Grade 12 only)

## 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: \_\_\_\_\_

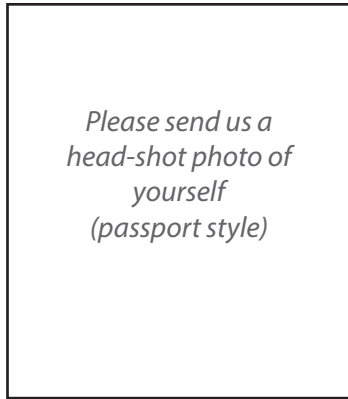
Home Telephone: ( ) ( ) \_\_\_\_\_  
country code city code

Mobile Telephone: ( ) ( ) \_\_\_\_\_  
country code city code

E-mail: \_\_\_\_\_

You may be asked for an **Interview**. Please provide the best contact:

-  \_\_\_\_\_
-  \_\_\_\_\_
-  \_\_\_\_\_





JR/SR

# MLI HIGH SCHOOL APPLICATION

## FAMILY INFORMATION

**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: \_\_\_\_\_

**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 plan to study in Canada for: This year/term only  
2 years  
As long as it takes to obtain a Canadian High School diploma

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 obtaining courses required for covalidation.*

- Most Canadian Public schools operate on a SEMESTER basis. Students take 4 courses per semester, depending on the province.
- Most Canadian Private & Québec public schools operate on a LINEAR basis. Students take 8-9 courses from September through June

Canadian age to grade		
Age*	Most Provinces	Province of Quebec
12	7 (ES or MS)	Form 1 (HS)
13	8 (ES or MS)	Form 2 (HS)
14	9 (HS)	Form 3 (HS)
15	10 (HS)	Form 4 (HS)
16	11 (HS)	Form 5 (HS)
17	12 (HS)	CEGEP
18	Post-Secondary	CEGEP

\*Age as of December of the school year attending (ie. school year 2021-22 = as of December 2021)

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

Post-Secondary or CEGEP are beyond the scope of this programme

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 (see pages 13-14)

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):**

Many schools (both public and private) require students to take an online PRE-ARRIVAL English assessment, as well as a second assessment upon arrival. *These tests will take precedence over any tests taken by the student in their home country.*

- **For public schools**, the first assessment is usually requested after the student is generally accepted into the school district, but prior to confirmation of placement in a school. Test results may not impact acceptance, but will be used to determine selection of school, course options and level of ESL/ELL support required. *Many Canadian public schools offer ESL/ELL support as part of the curriculum, with little or no additional costs. CISS MLI will endeavour to achieve placement in these schools first. However, some ESL/ELL fees may be required if school cannot provide the full level of support required.*
- **For private schools**, the first assessment is usually requested prior to a formal acceptance. Results may affect acceptance decision, or the decision for the student to be placed in ESL/ELL support classes. Additional fees typically apply. *Not all private residential schools offer ESL/ELL support. In those that do no, a high English proficiency is required.*

**ACTIVITIES & INTERESTS**

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?

\_\_\_\_\_

**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**

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

Which of the following statements apply to you:

- |   |                                     |
|---|-------------------------------------|
| I eat almost everything                 | I enjoy eating dinner as a family   |
| I am open to trying new foods           | I prefer a light breakfast          |
| I am not very adventurous with new food | I don't eat breakfast at all        |
| I eat vegetables                        | I love desserts                     |
| I enjoy cooking                         | 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**



**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

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**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**

1. I/we grant permission for my/our child to participate in school organized and supervised field trips.
2. I/we grant permission for my/our child to participate in regular school sports  
 (with the exception of: \_\_\_\_\_)
3. 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.
4. 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:

<b>Swimming:</b>	non-swimmer	beginner	deep-end approved	
<b>Downhill skiing:</b>	non-skier	beginner	intermediate	expert
<b>Snowboarding:</b>	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"/>



JR/SR

# MLI HIGH SCHOOL APPLICATION

# PARENT STATEMENTS/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

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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