



# STUDY TOUR

JANUARY HIGH SCHOOL EXPERIENCE

## STUDENT APPLICATION FORM

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

AGENCY: \_\_\_\_\_

### PROGRAMME OUTLINE

### TRAVEL OUTLINE

#### Destination in Canada:

**ST. Mary Catholic Secondary School  
PICKERING, ONTARIO**

Note: the school has limited capacity. In case the school is full upon application being received, CISS MLI will present an alternative catholic school in the same region for the student.

**ARRIVAL: January 3, 2020**

**3 weeks**

Between 05:00 AM and 8:00 AM

If other arrival time an additional \$150 CAD fee applies

**DEPARTURE: April 24, 2020**

Between 08:00 PM and 11:30 PM

If other arrival time, an additional \$ 150 CAD fee applies

## STUDENT INFORMATION

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day / month / year

Given Name(s): \_\_\_\_\_

Age: \_\_\_\_\_

Home Address:

Gender: Male Female

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Citizenship: \_\_\_\_\_ First Language: \_\_\_\_\_

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

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

## FAMILY INFORMATION

Student lives with:

PARENT #1

PARENT #2

OTHER

**PARENT #1: Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: (day/month/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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

**PARENT #2: Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: (day/month/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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

If student lives with only one parent, please explain custody details: \_\_\_\_\_

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

Contact name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Speaks English? Yes No

## ACADEMIC INFORMATION

Name of current school: \_\_\_\_\_ Current Grade level: \_\_\_\_\_

School clubs most active in: \_\_\_\_\_

Number of years studying English: \_\_\_\_\_ How many hours per week of English study: \_\_\_\_\_

Level of English Proficiency:            Beginner            Low-intermediate            High intermediate            Advanced

**Courses: Students will be placed in four (4) courses based on availability. We will do our best to match your preferences below but there are no guarantees.**

My favourite subjects are: \_\_\_\_\_

My least favourite subjects are: \_\_\_\_\_

I struggle the most in: \_\_\_\_\_

## FAMILY & LIFESTYLE: Home away from home

Which activities do you most enjoy doing in your leisure time? \_\_\_\_\_

What 3 words best describe your personality? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### FOOD PREFERENCES / ALLERGIES

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

What are your favourite foods: \_\_\_\_\_

What are your least favourite foods: \_\_\_\_\_

Which food will you absolutely NOT eat: \_\_\_\_\_

Do you have FOOD allergies:            NO            YES: \_\_\_\_\_

### FAMILY STYLE

**! Programme is designed with single occupancy - portuguese-speaking participants of the same gender will be in the host family, in a single bedroom.**

I prefer double occupancy and am willing to share the bedroom with another participant - *pending availability*

I prefer a single bedroom

Which of the following statements apply to you:

I like a quiet home  
I like an active family

I like all pets  
I am allergic to/fear the following animals: \_\_\_\_\_

I understand I am not permitted to smoke in this programme:            YES            NO

Are you able to live with a family that smokes outside?            YES            NO



# STUDY TOUR - JANUARY HIGH SCHOOL EXPERIENCE APPLICATION MEDICAL INFORMATION

Student Last Name(s): \_\_\_\_\_ First Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
day / month / year

**EMERGENCY MEDICAL/DENTAL INSURANCE:** All students must have emergency medical and dental insurance  
I will use Guard Me<sup>®</sup> medical/dental insurance through CISS MLI (included in the programme)  
We will purchase medical/dental insurance on our own\*  
\* if on own - policy must be comparable to Guard Me's policy. CISS MLI will require a copy of the policy and student must have a credit card for up front payments

Student wears **prescription glasses/contacts:** Yes No      **Dental braces:** Yes No

**ALLERGIES:** Please list all allergies, effects and medications (if more, please provide on separate page):

Allergy	Reaction	Life-Threatening?		Medication
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____

Please list any medication(s) that the student should NOT take? \_\_\_\_\_

Please list any major illnesses or surgeries the student has had in the past 5 years.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overall, the student's general health is:                  Excellent                  Good                  Poor

Is the student currently taking medication for which a prescription is needed (other than what is already listed for allergies)?  
No      Yes                  If yes, name: \_\_\_\_\_

Is the student currently taking medication for which a prescription is not needed (other than what is already listed for allergies)?  
No      Yes                  If yes, name: \_\_\_\_\_

Recommendation for general physical activity in school:  
Full physical activity including physical education classes  
Modified activity because of \_\_\_\_\_

Has the student suffered from, or is the student being treated for any mental/nervous disorder (example: Anxiety, Depression, Attention Deficit Disorder (ADD), Anorexia)?                  No                  Yes (please provide details on separate sheet)

Has the student experienced any emotional trauma that may affect his/her behaviour on the **Semana Santa Study Tour** (ie. recent death in family, divorce, accident)?                  No                  Yes (please provide details on separate sheet)



# STUDY TOUR - JANUARY HIGH SCHOOL EXPERIENCE APPLICATION PARTICIPATION AGREEMENT

The following Participation Agreement has been established by CISS/MLI and its partners as minimum standards of participant conduct (Rules and Regulations).

I, \_\_\_\_\_ agree to: student  parent1  parent2   
*please initial once read:*

## ACADEMICS & GENERAL BEHAVIOUR

1. Participate in the courses/disciplines that have been assigned, understanding that student may not be able to choose the courses.
2. Behave in a respectful manner towards CISS MLI staff, teachers, school staff, as well as homestay hosts and homestay programme staff.
3. Attend school on a full-time basis and attend all classes as per my class timetable, except during scheduled excursions/activities or days when school is closed for holidays. Any legitimate day absences (ie. illness) must be explained by a note from my host parent to my school.
4. Obey the rules and regulations of CISS MLI, my school and my host family.
5. Use English when speaking with my teachers, family and friends to make the most of my immersion experience.
6. Refrain from driving ANY motorized vehicle or from being a passenger in a vehicle if the driver is under the age of 25 (*including: car, moped, scooter, dirt-bike, snowmobile, ATV, Sea-doo etc.*)

## ILLEGAL ACTIVITY

*please initial once read:*

**The following are behaviours and laws that must be followed. Failure to obey may result in dismissal from the programme with no refund.**

I understand and agree to abide by ALL LAWS OF CANADA (even if unlisted here), with the following as most relevant for students:

7. The consumption or possession of alcoholic beverages and cannabis is illegal for persons under the age of 19 and is therefore prohibited. Asking an adult (person over the legal age) to purchase alcohol or cannabis on my behalf is illegal.
8. Entry into a nightclub/disco/bar or other establishment that requires patrons to be over the legal drinking age is not permitted. Use of false identification is fraud, and is punishable by Canadian law.
9. Smoking/vaping is not permitted on school property or inside any public building. Purchase of cigarettes or e-liquid/ e-juice is illegal for persons under the age of 19 and is therefore prohibited to CISS MLI students. Asking an adult (person over the legal age) to purchase cigarettes or e-liquid/e-juice on my behalf is illegal.
10. The use or possession of any type of illegal drugs and/or the abuse of prescription or nonprescription medications is an extremely dangerous and illegal activity in Canada and is strictly forbidden.
11. Violence, aggression, harassment or bullying has a zero tolerance level and is strictly forbidden behaviour. Harassment can be a single incident or a series of incidents including words, acts or gestures of a malicious or abusive nature directed at a person or a group of persons for reasons of: academic ability, age, sex, sexual orientation, disability, economic status, language, race, ethnicity, religion, appearance or colour.

## SOCIAL MEDIA / INTERNET

*please initial once read:*

12. When posting pictures, messages or comments on any social media site (including but not limited to Facebook, Twitter, Instagram, Snapchat, etc), I will respect personal honour and NOT post negative or hurtful messages/photos of my peers, my or anyone's host family, school staff, and CISS MLI staff.
13. I will NEVER agree to personally meet any person/new friend met over the internet, in chatrooms, or other media sites.
14. I will abide by the internet usage policy and times as agreed to by CISS MLI, my host family and school.
15. I will not visit any illegal or pornographic websites, nor will I download any pornographic images onto my or my host family's computer. I will not download any images, movies or games without the express consent of my host family.

## TRAVEL AND TRIP PARTICIPATION

*please initial once read:*

16. I/we grant permission for my/our child to participate in programme excursions as outlined; as part of this programme.
17. I/we grant permission for my/our child to travel with the host family to local places of interest which may include, but not be limited to: attractions in Guelph, Toronto, Niagara Falls or other cities in Ontario. Travel will not include border crossing into the USA.
18. 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.
19. By signing this, I/we agree not to hold CISS MLI or the booking agent liable or responsible in any way for my child during travel.



# STUDY TOUR - JANUARY HIGH SCHOOL EXPERIENCE PARTICIPATION AGREEMENT APPLICATION

## HOMESTAY LIVING

please initial once read:

  

! Canada is a multicultural society, where - in accordance with the Canadian Charter of Rights and Freedoms - people of all cultures and ethnicities are welcomed and form an integral part of the culture of each community. 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, and 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 childless couples or single adults. Regardless of how a family appears on paper, 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.

### 20. While living with a host family:

- i) I will show respect for my family and comport myself as a member of the family
- ii) I will respect my host family's private affairs
- iii) I will obey family / house rules
- iv) I will voluntarily help with reasonable household chores
- v) I will not smoke/vape

- 21. I will behave as a considerate and respectful member of the homestay family/residence family by accepting any homestay host, regardless of their race; national or ethnic origin; colour; religion; gender; age; mental disability; physical disability; and/or sexual orientation, all in accordance with the Canadian Charter of Rights and Freedoms.
- 22. I understand that misrepresenting myself on the Application Form may result in an inappropriate homestay placement. If I must be moved to a new homestay due to this misrepresentation (eg. not advising of pet or other allergies), I understand that I/my natural parents will be responsible for a \$500 CAD administrative fee.
- 23. I will pay for any expenses incurred by me, including but not limited to any losses or damages that I may cause in the home, residence or school; long distance telephone charges, mobile phone fees, internet usage expenses and/or medical expenses. I agree to use a web-based platform for international calls (WhatsApp®, Skype® etc).
- 24. In case of illness, I will immediately inform my host family or contact the CISS MLI Programme Coordinator. Any medical expenses required will be fully covered by my medical insurance and/or by my parents when the medical expenses are in excess of the insured amount or the procedure is not covered by my medical insurance.
- 25. I cannot decide to make any changes to my host family or my school of my own accord. Any change in homestay or school must be discussed, approved and arranged by the CISS MLI Programme Coordinator, per CISS MLI policy.

## CUSTODIANSHIP & MONITORING / DISMISSAL

please initial once read:

  

- 26. I understand that CISS MLI is my custodian and responsible for me for the duration of this programme. I also understand that this responsibility ends when I return to my home country or after the date stated on the notarized custodianship document, whichever comes first.
- 27. In the event that I do not comply with the above rules and regulations, CISS MLI has the right to terminate my participation in this **January High School Experience Study Tour**. If this occurs I may be sent home immediately at my parents' expense.
- 28. I understand that should I choose to leave voluntarily prior to the end of the **January High School Experience Study Tour** or be expelled from school and/or the January High School Experience Study Tour, there will be no refund of fees.

**I/We agree to the above Participation Agreement as set forth by CISS/MLI:**

Name of student: \_\_\_\_\_ Dated: \_\_\_\_\_

Signed by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Participating student) (Parent #1) (Parent #2)



# STUDY TOUR - JANUARY HIGH SCHOOL EXPERIENCE APPLICATION PARENTAL CONSENT

As the parent/legal guardian of student: \_\_\_\_\_

## GENERAL AGREEMENT AND RELEASE

1. I/we are aware of and approve of my/our child's decision to participate in the **January High School Experience Study Tour** in Canada.
2. I/we have read and signed the 'Participation Agreement' as set forth for my/our child by CISS MLI.
3. I/we agree that all the information in the application is true to the best of my/our knowledge and that any falsification of information may lead to the dismissal of my/our child from the programme.
4. I/we permit CISS MLI to use any photographs, images or videos of my/our child in their promotional materials.
5. I/we hereby waive, release and absolve and agree to indemnify and save harmless CISS MLI, the Host Family and the school officials from all liability arising from my/our child's participation in the **January High School Experience Study Tour**, except such as results solely from its or their wilful neglect or wilful default.
6. I/we agree to provide sufficient funding for my/our child's personal spending and travel expenses.

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL AGREEMENT AND RELEASE

1. In the case of medical emergency, should I/we not be immediately available for consultation, I/we, as the applicant's parent(s) or legal guardian(s), give permission to the physician selected by CISS MLI, the Host Family or the school officials to hospitalize, secure proper treatment for, and to order injections, immunizations/vaccinations, anesthetics or surgery for my/our child.
2. For simple headaches, fever or other minor pain, I/we permit the host family, CISS MLI or the school staff to administer the prescribed dose of:

Aspirin

Acetaminophen (ex. Tylenol)

Ibuprofen (ex. Advil, Motrin)

3. I/we hereby agree that the relationship and the resolution of any and all disputes arising therefrom between ourselves and health services provided through CISS MLI, the Host Family or the school officials, shall be governed by and construed in accordance with the laws of the province in which the programme is operated. I/we hereby acknowledge that the treatment will be performed in the province in which the programme is operated and that the courts of that province shall have jurisdiction to entertain any complaint, demand, claim or cause of action whether based on alleged breach of contract or alleged negligence arising out of the treatment. I/we hereby agree that if I/we commence any such legal proceedings they will be only in the province in which the programme is operated, and hereby irrevocably submit to the exclusive jurisdiction of the provincial courts.

4. I/we confirm that my/our child is not affected by or does not have a history of medical, psychiatric or emotional difficulties, nor does my/our child have any condition that would impact the success of this programme.

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_