



SHORT-TERM EXPERIENCE STUDENT APPLICATION FORM



DATE OF APPLICATION: _____

AGENCY: _____

NAME OF REPRESENTATIVE _____

SHORT-TERM EXPERIENCE / PUBLIC SCHOOLS

Destination in Canada: Preferred Region: _____

weeks: Preferred Community: _____

Arrival date: Departure date: _____

ESL PROFICIENCY LEVEL OF STUDENT: Beginner Low-Intermediate High-Intermediate Advanced

PET ALLERGY NO YES:

DIETARY RESTRICTIONS: NO YES:

STUDENT DETAILS (AS SHOWN ON PASSPORT)

Information will be used to create legal custodial documents required for study permit. These details must match passport.

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

Given Name(s): _____

Citizenship: _____ Country of Birth: _____ Male Female

ADDITIONAL STUDENT INFORMATION

Current age: _____ Gender Identity: Male Female Non-Binary

Preferred English Name: _____ My preferred pronouns: _____

Home Address:

House or Apartment # _____ Street _____

City _____ Province/State _____

Postal code: _____ Country _____

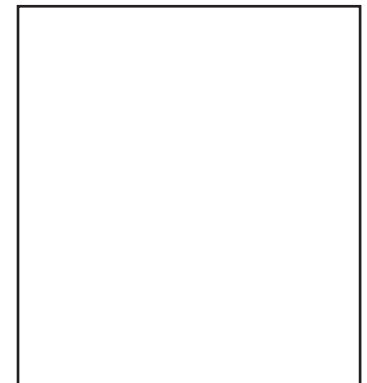
First Language: _____

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

Student Mobile Tel: (____)(____) _____
country code city code

Student E-mail: _____

(please ensure this is the student's email as it will be used for online orientation invitations)



Insert student photo (head shot)

Please indicate which messenger app you prefer for communication. If the app uses a mobile number other than the one provided above, please note it beside:



WhatsApp _____



WeChat _____



Line _____

Other: _____



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FAMILY INFORMATION

PARENT/GUARDIAN DETAILS (AS SHOWN ON PASSPORT)

Information 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: _____

Address: same as student or _____

Home Phone: same as student or () () _____

Mobile: () () _____ E-mail: _____

PARENT #2: FAMILY Name: _____ Given Name(s) _____

Relationship to student: _____ Date of Birth: (day/month/year) _____ / _____ / _____

Occupation: _____

Address: same as student or _____

Home Phone: same as student or () () _____

Mobile: () () _____ E-mail: _____

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 living full time in the home, their ages, relationships and occupations.

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

EMERGENCY CONTACT: should parents, agent, teacher (Japan) be unavailable for consultation, who should we contact?

Contact name: _____

Telephone number: () () _____ Email: _____

Relationship: _____

Main language(s) spoken: _____ Speaks English? Yes No

Current school/grade level (home school): _____
 I am applying for Canadian grade level: _____

Recommended English proficiency for
covalidation placements:

	IELTS	ELTIS	CEFR
Gr 9	4.5-5	223-231	
Gr 10	5.5-6	232-237	B1
Gr 11	6.0	238-241	B1/B2
Gr 12	6.5	250+	B2/C1+

CURRENT SCHOOL INFORMATION:

Name of school currently attending: _____

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

Do you currently receive any special academic accommodations to support learning challenges or needs?
 NO YES: _____

ENGLISH PROFICIENCY

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

ALL APPLICANTS:
**English Teacher Reference also
 required - see separate page**

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

Name of Test:	Date Taken:	Score:

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

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

Semester schools: students will be placed into 4 courses / Linear schools: students will be placed into 8 classes

! 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

My favourite subjects are:

My least favourite subjects are:

I struggle the most in:

My future career plans are:

ACTIVITIES & INTERESTS

Students are strongly encouraged to become involved in their school by joining social clubs or athletic sports.

My favourite sports are:

Badminton	Baseball/Softball	Basketball	Canoe/kayak	Curling
Cycling	Field Hockey	Football (American)	Golf	Horse Riding
Ice hockey	Martial Arts	Rugby	Running	Sailing
Skateboarding	Ski-Downhill	Ski-Xcountry	Snowboarding	Soccer
Swimming	Table Tennis	Tennis	Weightlifting	Wrestling

Other interests include:

Boating	Board Games	Camping	Cooking/Baking	Chess
Crafts	Computers	Dance	Debating	Drawing
Hiking	Knitting/Crochet	Movies	Music (Classical)	Music (Jazz)
Music (Pop)	Painting	Photography	Reading	Shopping
Sewing	Sightseeing	Singing	Theatre	Walking
Watching sports		Other:		

I play the following musical instruments: _____

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

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 working and middle classes of their 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...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 a language spoken among the family members.

It is CISS MLI policy to place up to two (2) students per family (3 students in select large urban areas) provided the students are of a different nationality/language group. Each student receives their own private bedroom and may or may not 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.

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 sign below. Signatures represent understanding and acceptance of this policy.

Student: Parent #1: Parent #2:

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"/> Proximity to school |
| <input type="checkbox"/> Host siblings (any age) | <input type="checkbox"/> Quiet family |
| <input type="checkbox"/> Pets in the home | <input type="checkbox"/> Active or 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 preferences.

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 <u>outside</u> ?	YES	NO

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

Note: 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.

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

For simple headaches, fever or other minor pain, the host family to administer the prescribed dose of:

- | | | |
|-----------------|-----------------------------------|---------------------------|
| Aspirin | Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Polysporin | Antacid (Tums, Maalox, etc) | Cough Medicine |
| Throat Lozenges | Antihistamine (Sudafed, Benedryl) | |

This is authorized by Parent #1: Parent #2:

FOOD PREFERENCES / ALLERGIES

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 |
| I have never cooked a meal for myself | I do not eat red meat (Beef, Veal, Lamb) |

What are your favourite foods: _____

Which foods will you absolutely NOT eat: _____

Do you have a PEANUT allergy: NO YES

Do you have other FOOD allergies: NO YES: _____

Do you have allergies to ANIMALS? NO YES: Dog Cat Other: _____

Explain if/why you have a MAJOR fear of any animal(s): _____

For any above allergies, do you require use of an Epi-Pen? NO YES

** SPECIAL DIETS **

ATTENTION:

- Supplementary Fees apply for special diets
- Not every dietary preference can be accommodated in each High School location. Be sure to confirm ahead of application!

Vegetarian Pescatarian Vegan Gluten-Free Halal Kosher Lactose-Free

I follow the above diet: by choice by medical requirement by religious requirement

Please provide below a sample 1 week meal schedule so we may see the kind of foods that support your diet.

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Breakfast						
Lunch						
Dinner						
Snacks						

Personality Traits: Please check those that apply to you

Active	Adaptable	Affectionate	Cheerful	Curious	Disorganized
Energetic	Humorous	Independent	Optimistic	Patient	Quiet
Relaxed	Serious	Shy	Sociable	Talkative	Tidy

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 at Home:

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

Do you have a pet at home? YES, I have _____ NO

Please describe:

- Household chores that you do: _____

- Rules in your family: _____

What activities do you typically do with

- your parents: _____

- your siblings: _____

- your friends: _____

*** 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

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 SHORT-TERM EXPERIENCE 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

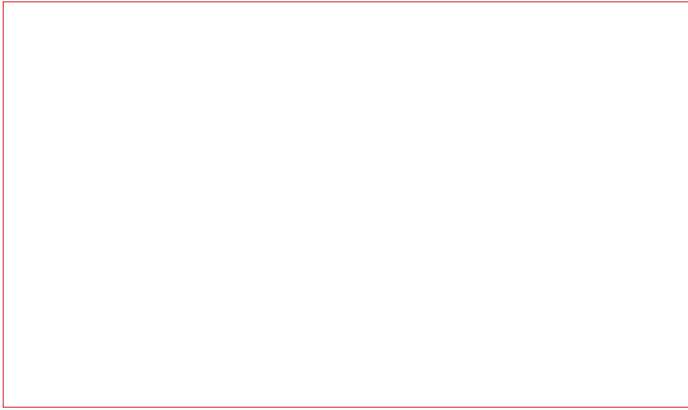
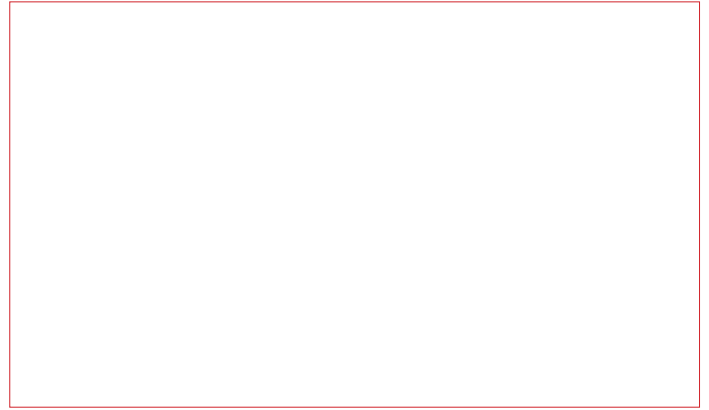

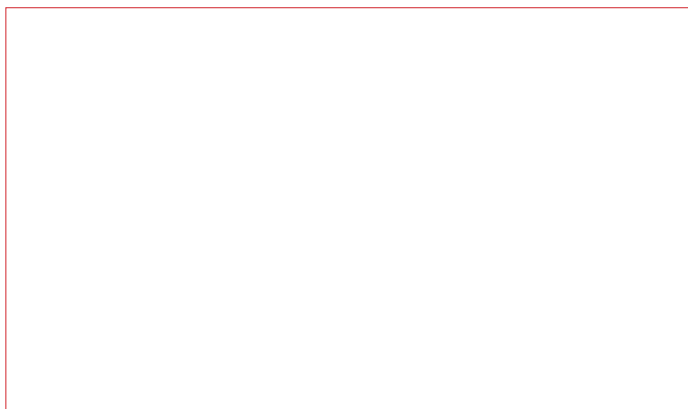
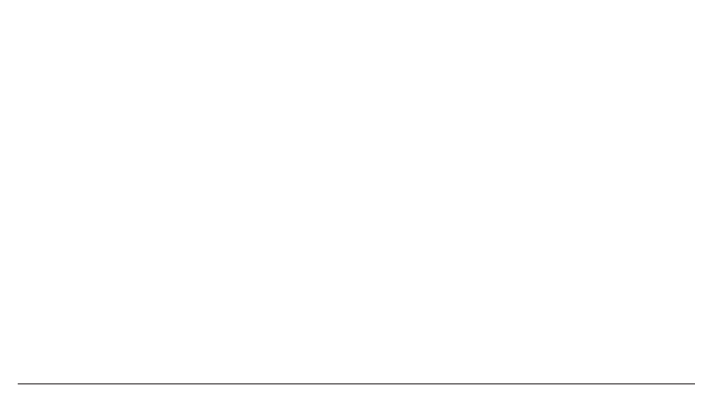
Date

SHOW US ABOUT YOURSELF

Photo Collage

Be CREATIVE!! (MAX 5MB) using 3-5 photos, show us and include a caption

1. About you and your family
2. Which sports, hobbies or other activities best illustrate your interests
3. What you and your friends like to do together

A large empty rectangular box with a red border, intended for a photo collage.A large empty rectangular box with a red border, intended for a photo collage.A large empty rectangular box with a red border, intended for a photo collage.A large empty rectangular box with a red border, intended for a photo collage.A large empty rectangular box with a red border, intended for a photo collage.A large empty rectangular box with a red border, intended for a photo collage.

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

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.*

- 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	Zip lining	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: 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"/>