

Student Application (Youth Sector) – 2016-2017 Eastern Townships and New Frontiers School Boards

The student application must be entirely completed before you can be finally accepted into the program. Please type or print information in English using black ink. All pages that require a signature must be signed in order to process this application.

- Full Year Half Year (fall semester) Half Year (winter semester)
 Other (specify time): _____
 Summer Camp (August 4- August 24)

Grade level: _____

Preference in School Districts (indicate your preference in order 1 to 3):

- Eastern Townships School Board
 New Frontiers School Board

- *placements will be considered according to student preference and availability of places in each respective school district.*

Student Information:

Last name: _____ Given name: _____

Student e-mail address: _____

Address:

City _____ Postal Code _____ Country _____

Home Telephone Number: _____

Birth date (yyyy/mm/dd): _____ Sex: _____

City & Country of Birth: _____

Citizenship: _____

Mother Tongue: _____

Other languages spoken: _____ Written: _____

Medical Information:

Do you have allergies (animals, food, medicine, etc.)? Yes No

If yes, please specify: _____

Do you have on-going medical concerns? Yes No

If yes, please specify: _____

Do you have any family history of mental illness? Yes No

If yes, please specify: _____

Do you take medication regularly ? Yes No

If yes, please specify: _____

Family Status:

Father:

Last name: _____ Given name: _____

Birthdate: _____ Age: _____

Occupation: _____ Email: _____

Business telephone: _____ ext _____

Languages spoken: English French Other: _____

Mother:

Last name: _____ Given name: _____

Birthdate: _____ Age: _____

Occupation: _____ Email: _____

Business telephone: _____ ext _____

Languages spoken: English French Other: _____

Guardianship in home country:

mother and father mother only father only

joint custody other (specify): _____

Other family members:

Full Name / Sex / Age / Relationship with student / Occupation

Plans for the Future:

Do you intend to continue your education after completing secondary school?

- Yes No In Canada/USA

If you answered yes, what major areas of study do you plan to pursue?

What are your career goals?

I wish to study the following subjects (please include all academic subjects that are important for your studies):

| I must study: | I would like to study: |
|----------------------|-------------------------------|
| | |
| | |
| | |
| | |

I wish to take part in the following extra-curricular activities (e.g. sports, music, arts):

| I have a strong interest in: | I have some interest in: |
|------------------------------|--------------------------|
| | |
| | |
| | |
| | |

Homestay

I will require homestay:

Yes

No, I have homestay arranged with:

Name:

Address:

City:

Postal Code:

E-mail:

Home Phone:

Cell phone:

If yes, do you prefer living with an English or French speaking family?

English French *** NOTE: This does not guarantee availability ***

Have you ever lived or travelled outside of your own country? Yes No

If so, where?

Describe three of your character strengths:

What do you do in your leisure time? _____

What are your household responsibilities at home (specify)?

Do you have a curfew at home? Yes No Time: _____

How much time do you spend studying school work at home?

Do you smoke? Yes No

Are you vegetarian? Yes No

Do you like the company of young children (0 – 11 yrs)? Yes No

Would you live with a family that has pets? Yes No

Religious Preferences:

What is your religious affiliation? _____

Do you participate or attend church services? often holidays never

Thank you for taking the time to complete this application form.

Signatures:

I acknowledge that the information provided in this application is complete and accurate.

student

parent

date