



FOR DSBN OFFICE USE ONLY:
 School Placement:
 Grade Placement:
 School-year Placement:

International Student Application Form 2018-2019

For students new to the DSBN for academic study (processes are subject to change)

Application Process

1. **Fully** complete this application form (or apply online at dsbn.org/international). Incomplete application will delay the process.
2. Include copy of student transcripts (in English) for the current and previous 2 years, submit this form and Transcripts to international@dsbn.org
3. Submit payment of **non-refundable Application Fee of CAD\$250** and the CAD\$100 courier fee (if courier delivery of Letter of Acceptance is requested)
4. DSBN will review the application. If approved, DSBN will issue an Invoice for the Tuition Fees with a due date.
5. Submit **full Tuition Fees** as outlined in the invoice
6. Once full tuition payment is processed, DSBN will issue Letter of Acceptance and receipt for the fees.

Inquiries: international@dsbn.org or 905-641-2929 ext. 54181 or 54176

DATE OF APPLICATION Day _____ Month _____ Year _____
Due Dates: June 1 for September start OR December 1 for February start (late applications may be accepted on a case-by-case basis)

STUDENT'S INFORMATION

<input type="checkbox"/> I am a New Student to DSBN (If you are a returning student, please obtain and complete the separate Returning International Student Application Form)		GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>		STUDENT'S EMAIL ADDRESS:	
SURNAME (Family Name):		FIRST NAME(S):		ENGLISH NAME (If applicable):	
DATE OF BIRTH (dd/mm/yyyy):	AGE:	CITIZENSHIP:	COUNTRY OF BIRTH:	FIRST LANGUAGE:	TEL. NO. IN HOME COUNTRY (Include country & area codes):
LAST SCHOOL ATTENDED NAME OF SCHOOL: _____ GRADE: _____ CITY: _____ COUNTRY: _____					
LEVEL OF ENGLISH: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced					

PARENTS' INFORMATION

STUDENT'S / FAMILY'S PERMANENT ADDRESS IN HOME COUNTRY:

Street Address _____ District _____
 City _____ Province _____
 Country _____ Postal Code _____

FATHER'S FULL NAME - Surname / First Name(s):	MOTHER'S FULL NAME – Surname / First Name(s):
FATHER'S PRIMARY TELEPHONE NUMBER (Include country & area codes):	MOTHER'S PRIMARY TELEPHONE NUMBER (Include country & area codes):
PARENTS' PRIMARY EMAIL ADDRESSES:	

PROGRAM INFORMATION

Check the appropriate box below for either an elementary or secondary academic program

ELEMENTARY SCHOOL:

Kindergarten (ages 4-5 yrs) to Grade 8 (age 13 yrs):

- FULL YEAR – September through June
 HALF YEAR – September through February
 HALF YEAR – February through June

SECONDARY SCHOOL:

Grade 9 (age 14 yrs) to Grade 12 (age 17-19 yrs):

- FULL YEAR – September through June
 SEMESTER ONE – September through February
 SEMESTER TWO – February through June

ESL SUPPORT AND SCHOOL PLACEMENT INFORMATION

The homestay address determines the school where the student will attend. All English language learners will be assessed at the DSBN Welcome Centre for level of English proficiency upon arrival in Canada. For a student with a lower English proficiency level, an ESL-site school (with an intensive level of ESL support) will be recommended. **Choose ONE of the options below:**

- Prefer a school to be recommended by DSBN which has an ESL program that provides intensive support to students.
- Prefer a school close to the homestay address if the ESL assessment shows appropriate English proficiency.
- Prefer to wait on a school decision until after visiting the Welcome Centre upon arrival and receiving a recommendation based on the level of the student's English proficiency.
- Request to attend the following named school in the jurisdiction of the DSBN: _____, provided that the homestay address falls within the designated boundary of this school and that English proficiency is appropriate.

NOTE: To determine the designated boundary school, visit dsbn.org and select Schools > Find a School, enter the homestay address and note the designated Regular School or ESL-site School for the grade level. Bus transportation will be provided if applicable.

The DSBN reserves the right to decide school placement for any student, in its sole discretion.

HOMESTAY INFORMATION (or address where you will live)

CHECK ONLY ONE BELOW (If Applicable)

- I have contacted a student support service provider to locate a Niagara Host Family in the boundary of my chosen school.
 Name of service provider:

OR

- I have arranged/will be arranging a Niagara Host Family or place of residence in the boundary of my chosen school

NAME OF THE HOST FAMILY CONTACT (If Applicable)

SURNAME: _____ FIRST NAME: _____
 ADDRESS OF HOST FAMILY (or address where you will be residing)

TELEPHONE NO. OF HOST FAMILY: _____

EMAIL ADDRESS OF HOST FAMILY: _____

NOTE: Please provide on this application or notify international@dsbn.org of the homestay address.

Student's homestay address in Niagara must be within the stated boundaries of the Regular or ESL-Site school attended.

CUSTODIANSHIP INFORMATION (If available)

A Custodian is required if student is a minor (under 18 years of age) living in Ontario and not living with a parent/guardian. The Custodian must be a Canadian citizen or permanent resident of Canada aged 19 years or older and must live within a reasonable distance from the student. A Custodianship Declaration must be made by the parents/guardians and by the named custodian and the documents must be notarized. Custodial documents can be found online at dsbn.org/international >forms.

NAME OF CUSTODIAN: SURNAME: _____

GIVEN NAME(S): _____

FULL ADDRESS OF CUSTODIAN: _____

TEL. NO. OF CUSTODIAN: _____

RELATIONSHIP TO STUDENT: _____

SERVICE PROVIDER (AGENT) INFORMATION (Complete only if student was referred by an "agent")

A Service Provider (S.P.) is a registered business organization that has referred the student to the DSBN for study. To be eligible for commissions, the S.P. must be approved by the DSBN. An application to become a Service Provider may be obtained from the website: dsbn.org/international

Approved S.P. Applying to be a S.P.

NAME OF SERVICE PROVIDER CONTACT PERSON:
SURNAME: _____ GIVEN NAME(S): _____

SERVICE PROVIDER INFORMATION:

Company Name _____
Street Address _____
District _____
City _____
Province _____
Country _____
Postal Code _____

TELEPHONE NUMBER OF SERVICE PROVIDER CONTACT
(Include country and area codes): _____

EMAIL ADDRESS OF SERVICE PROVIDER CONTACT: _____

STUDENT'S HEALTH INFORMATION

Do you have any learning disabilities, allergies, mental health or medical conditions or take any medications? Yes No
This information will help DSBN provide the best support for you within its means. If Yes, please describe:

LETTER OF ACCEPTANCE AND RECEIPTS FOR FEES

The official Letter of Acceptance (LOA) and a Receipt for payment of the fees will be issued by the DSBN within 15 business days of receiving complete information on the student application form; transcripts; and **payment of application fee and full tuition fees**, and the LOA courier fee (if applicable).

A PDF copy of the LOA, receipts for fees paid, will normally be sent to the email address of the person who paid the fees (and to the service provider if applicable).

If you need the original copy of the LOA to be mailed, please indicate the option below. Should a 3-day courier service be requested for delivery of the original LOA, a courier fee of CAD\$100 will be assessed and must be submitted along with the application and tuition fees.

Mail original LOA to a Parent's permanent address in home country **OR** Mail original LOA to Service Provider's mailing address (If Applicable) **AND** Mail original LOA by 3-day courier to the recipient checked-off at left

RELEASE OF INFORMATION

The parents and the custodian have the legal right to receive school progress reports for minors.

HEALTHCARE INSURANCE COVERAGE IN CANADA

I acknowledge that it is my responsibility as the student, or that of my parents (if I am a minor), to purchase and maintain adequate healthcare insurance coverage effective in Canada for the period of enrolment at the DSBN. The insurance certificate must be presented at the DSBN Welcome Centre prior to registering at the school. I acknowledge, also, that it is my responsibility, or that of my parents (if I am a minor), to renew my healthcare insurance coverage and maintain it in the event my study permit from Canada Immigration (IRCC) is extended and my attendance at the DSBN is extended in accordance with a subsequent Letter of Acceptance. *(For convenience, sample insurance providers are listed on our website, but any appropriate provider may be used.)*

Signature of Student _____ Date _____

Parent/Guardian Signatures (if student is under the age of 18 years)

(Mother) _____ (Father) _____ Date _____

TERMS AND CONDITIONS OF ACCEPTANCE TO AND PARTICIPATION IN THE DSBN

1. Submit a fully completed DSBN International Student Application Form and academic transcripts from the current and past 2 years by the specified application deadlines (June 1 for semester 1, December 1 for Semester 2). Pay the non-refundable application fee (and the LOA courier fee if applicable).
2. DSBN will review the application. If approved, DSBN will issue an invoice for tuition fees with a due date. Pay full tuition fees as outlined in the invoice. For details on refunds, please refer to the International Student Fees Schedule available on our website.
3. Once full tuition payment is processed, DSBN will issue Letter of Acceptance and receipt for the fees.
4. The DSBN reserves the right to refuse any application, in its sole discretion. The DSBN reserves the right to decide school placement for any student, in its sole discretion.
5. Present the following documentation at a scheduled orientation/assessment appointment at the DSBN Welcome Centre prior to registering in person at the designated school: a) passport with Canadian visa or birth certificate; b) valid Canadian study permit (if applicable); c) school transcript/record of the current and past 2 year – if translated into English, must be notarized; d) a completed custodial document each from the parent and the custodian where the student is a minor (notarized); e) healthcare insurance certificate with coverage effective in Canada for the period of study at the DSBN; and, f) an up-to-date immunization record in English (if translated to English, must be notarized).
6. Agree to indemnify and save harmless the DSBN, its officers, employees and agents from any and all claims, expenses, actions of students, or claims from parents of students, or educational service representatives or any other person, firm or corporation arising out of the student's periods of study at the DSBN and travel.
7. Acknowledge that the DSBN is not liable for losses or expenses related to cancelled classes or programs due to labour disputes, inclement weather conditions, or other causes beyond its control.
8. Confirm that there have been no known misrepresentations made on the DSBN International Student Application Form.
9. Maintain a valid Canadian study permit throughout the period of enrolment at the DSBN.
10. Comply with the laws of the Province of Ontario and the federal laws of Canada.
11. Attend school regularly, meet school-work expectations, and comply with the DSBN student code of conduct.
12. In the case of returning for a subsequent study period at the DSBN, complete and submit a Returning International Student Application Form, pay the required fees, and obtain a new LOA. In this case, also maintain adequate healthcare insurance coverage for the extended period of enrolment.
13. Notify the school Principal as well as the International Education Office (international@dsbn.org) of:
 - any change to student immigration status (e.g. study permit expiration or renewal; permanent residence status, etc.)
 - any change to student custodianship arrangements (e.g. different custodian, address, telephone number, or emergency contact).
 - any change to student host family arrangements (e.g. different host family, address, telephone number, or emergency contact)

I, the undersigned, understand and accept the Terms and Conditions for Acceptance and Participation in the District School Board of Niagara and understand that my signature below also grants permission for:

 - My / My child's participation in any school-related activities arranged by the DSBN.
 - The DSBN to use photographs/videos of me / my child and/or artwork and/or written work produced by me / my child in any promotional material and/or professional media for the DSBN.

Signature of Student _____ Date _____

Parent/Guardian Signatures (if student is under the age of 18 years)

(Mother) _____ (Father) _____ Date _____

See page 5 (below) for PAYMENT OPTIONS

