



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

# International Student Application Form 2017-2018

## For students new to the DSBN for academic study

**STEP 1**

Fully complete an online student application form at [dsbn.org/international](http://dsbn.org/international), **OR** fully complete this application form including host family and custodian information (if applicable) and submit by one of the following methods:

Email: [international@dsbn.org](mailto:international@dsbn.org)  
 Mail: District School Board of Niagara, c/o International Education Office

**STEP 2**

Include a copy of student transcripts (in English) for the current year and previous 2 yrs., **AND** remit the non-refundable application fee of CAD\$250 and the CAD\$100 courier fee (if courier delivery of Letter of Acceptance is requested) in one of the following ways:  
 a) Credit card authorization (preferred); b) Wire transfer to DSBN; c) Certified cheque or bank draft or money order; d) Cash e) Debit

<b>DATE OF APPLICATION</b> Day _____ Month _____ Year _____					
<b>Due Dates: June 15 for September start OR December 1 for February start (late applications may be accepted on a case-by-case basis)</b>					
<b>STUDENT'S INFORMATION</b>					
<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 )			<b>GENDER:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>		<b>STUDENT'S EMAIL ADDRESS:</b>
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					
<b>PARENTS' INFORMATION</b>					
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 OR A SHORT-TERM STUDY EXPERIENCE AND THE TERM OF PLANNED ATTENDANCE

### ELEMENTARY SCHOOL:

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

- FULL YEAR – September through June  
 HALF YEAR – September 5 through February 1  
 HALF YEAR – February 5 through June 30

### SECONDARY SCHOOL:

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

- FULL YEAR – September through June  
 SEMESTER ONE – September 5 through February 1  
 SEMESTER TWO – February 5 through June 30

## 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 be recommended by DSBN which has an ESL program that provides intensive support to students in need.
- 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](http://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.

## HOMESTAY INFORMATION (OR Address Where You Will be Residing)

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](mailto: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

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.

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](http://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. If Yes, please describe:

**LETTER OF ACCEPTANCE AND RECEIPTS FOR FEES**

The official Letter of Acceptance (LOA) and a Receipt for payment of the application fee will be issued by the DSBN within one week of receiving complete information on the student application form, transcripts, payment of at least the application fee, and the LOA courier fee (if applicable).

A PDF copy of the LOA, receipts for fees paid, and fee invoice, will normally be sent to the email address of the person who paid the fees (i.e. either to a parent's primary email address if the parent(s) paid the fees, or to the service provider's email address if the S.P. paid the fees).

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 fee.

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 CIC 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 in the student application guide, 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 past 3 yrs., along with at least the non-refundable application fee and the LOA courier fee (if applicable) by the specified application deadlines (July 15 for semester 1, December 15 for Semester 2).
2. Pay the designated tuition fees outlined in the guide by the specified due dates acknowledging that fees are subject to change without notice. The application fee is non-refundable. For details on refunds of tuition fees, please refer to the International Student Application instructions.
3. 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 last 3 yrs.–if translated to English, must be notarized; d) a completed custodial document from the parent and the custodian where the student is a minor (each 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).
4. 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.
5. 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.
6. Confirm that there have been no known misrepresentations made on the DSBN International Student Application Form.
7. Maintain a valid Canadian study permit throughout the period of enrolment at the DSBN.
8. Comply with the laws of the Province of Ontario and the federal laws of Canada.
9. Attend school regularly, meet school-work expectations, and comply with the DSBN student code of conduct.
10. 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.
11. Notify the school Principal as well as the International Education Coordinator ([international@dsbn.org](mailto: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 \_\_\_\_\_

### OPTIONS FOR MAKING PAYMENT (All payments in Canadian funds – Check one option below)

**Credit Card Authorization (complete this if using credit card)**

Card Type:  MasterCard  Visa

Card No.: \_\_\_\_\_

Card Expiry (mm/yy): \_\_\_\_\_ / \_\_\_\_\_

Validation Code (on back of card) \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Bank Wire Transfer**

**(Follow this if using bank transfer)**

Name of Account:

**District School Board of Niagara**

Bank No.: 00010

Transit No.: 00172

Account No.: 83-49819

Swift Code: CIBCCATT

C.I.B.C

45 King St., St. Catharines

Ontario, Canada L2R 6S2

Add \$15 to total fees being transferred to cover bank service charges

**Cash, or**

**Certified Cheque or Bank Draft or Money Order**  
payable to the  
**District School Board of Niagara**

Submit in person or by mail to:  
**Maira Berzins, Finance Dept.**  
District School Board of Niagara,  
191 Carlton St., St. Catharines,  
Ontario, Canada L2R 7P4  
*Write student name in Memo*