

# application form

Academic Year (AYP) | Academic Semester (ASP) | High School Experience (HSE) | Combined (TI + HSE)

## Application Checklist

- Letter of Recommendation
- Transcripts from the previous 2 years
- Current transcripts (to be submitted when available)
- Completed Immunization form
- Supporting proof of immunization
- Copy of the student's passport

\*Please check with your agent if there are additional documents from your specific school board that will need to be filled out

## Information for Host Family:

- About You & Your Family
- Student Letter to Host Family
- Parent Letter to Host Family
- Student Photo Album

## Information for Red Leaf:

- Red Leaf Rules
- Red Leaf Student Programs Travel Release Form

## STUDENT INFORMATION

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Street:	<input type="text"/>		
City:	<input type="text"/>	Postal code:	<input type="text"/>
		Country:	<input type="text"/>
Date of Birth:	<input type="text"/> DD/MM/YYYY	Gender:	<input type="radio"/> Male <input type="radio"/> Female
Nationality:	<input type="text"/>	Email:	<input type="text"/>

## PRIMARY PARENT INFORMATION (OR LEGAL GUARDIAN)

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Street:	<input type="text"/>		
City:	<input type="text"/>	Postal code:	<input type="text"/>
		Country:	<input type="text"/>
Date of Birth:	<input type="text"/> DD/MM/YYYY	Occupation:	<input type="text"/>
Nationality:	<input type="text"/>	Email:	<input type="text"/>
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>		

## SECONDARY PARENT INFORMATION (OR LEGAL GUARDIAN)

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Street:	<input type="text"/>		
City:	<input type="text"/>	Postal code:	<input type="text"/>
		Country:	<input type="text"/>
Date of Birth:	<input type="text"/> DD/MM/YYYY	Occupation:	<input type="text"/>
Nationality:	<input type="text"/>	Email:	<input type="text"/>
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>		

## EMERGENCY CONTACT

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Street:	<input type="text"/>		
City:	<input type="text"/>	Postal code:	<input type="text"/>
		Country:	<input type="text"/>
Home Phone:	<input type="text"/>	Email:	<input type="text"/>
Cell Phone:	<input type="text"/>	Work Phone:	<input type="text"/>



**I am applying for**

Academic Semester  Academic Year  High School Experience  Combined (HSE & TI)

**Location**

Ontario  British Columbia

**Type**

Public  Catholic  Private

**Selection of Semester (Academic Semester Program)**

Semester 1 (September – January)  Semester 2 (February – June)

**Duration of High School Experience Program:**  weeks

**Grade Level**

Grade you are currently attending:  Grade you expect to attend in Canada:

**Approximate Start Date:**  DD/MM/YYYY

**COURSE SELECTION**

When you arrive in Canada, arrangements will be made for your assessment appointment with the school's guidance counsellor. Your course selection will be finalized at school during this appointment. Please note that your course selection may be subject to change due to:

1. ESL and Math Assessments
2. Course Availability
3. Timetable Conflict
4. Review of student's school records

Please write down any courses that you are required to take during your studies in Canada. High School Experience Courses are not guaranteed.

**(Note: Most Canadian schools offer a maximum of 4 subjects per semester; please choose them in order of preference)**

1.	<input type="text"/>	5.	<input type="text"/>
2.	<input type="text"/>	6.	<input type="text"/>
3.	<input type="text"/>	7.	<input type="text"/>
4.	<input type="text"/>	8.	<input type="text"/>

Please include any extracurricular activities or sports you are interested in:



## LETTER OF RECOMMENDATION

*This section must be completed by your guidance counsellor, teacher, or Headmaster/Principal.*

What is your assessment of the student's character, motivation, and study habits?

Has the student maintained a good attendance record?

Does the student have special needs that we should be aware of?

Has the student had any disciplinary problems in high school?

How long have you known this student?

Other Comments:

Name of School Official: (Please Print Name)

Position:

I certify that the above statements are true to the best of my knowledge.

School Official Signature:

\_\_\_\_\_ Date:



## TRANSLATION OF GRADES

Please include your transcripts for the previous two (2) years and translate and convert these grades into their Canadian equivalent in the table below. You will also need to send in the current years transcript when they become available.

Name of school:

School Address:

Subject:	Grade:		Grade:		Grade:		Grade:	
	Mark	Canadian Equivalent	Mark	Canadian Equivalent	Mark	Canadian Equivalent	Mark	Canadian Equivalent



## IMMUNIZATION RECORD

*This must be completed by the examining physician and submitted along with proof of immunization. Failure to do so could result in suspension from school.*

Student Name:

Date of Birth:  DD/MM/YYYY Gender:  Male  Female

The following immunizations are mandatory in Ontario: Diphtheria; Tetanus; Pertussis; Measles; Mumps; Rubella; Meningococcal (Men-C-ACY-W135); Varicella (born 2010 or later).

Vaccine:	Date Each Dose Was Given:					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
<b>Poliomyelitis (Polio)</b> (4 doses required from 0-2 yr 1 dose by 7 yrs)						
<b>Diphtheria</b> (5 doses required from 0-7 yr 1 dose between 14-16 yrs)						
<b>Tetanus</b> (5 doses required from 0-7 yr 1 dose between 14-16 yrs)						
<b>Pertussis</b> (5 doses required from 0-7 yr 1 dose between 14-16 yrs)						
<b>Meningococcal (Men-C-ACY-W135)</b> (1 dose for those in Gr 7 or above)						
<b>Rubeola (Measles)</b> (2 doses after first birthday)			If no immunization, give date student had Rubeola:			
<b>Rubella (German Measles)</b> (1 dose after first birthday)			If no immunization, give date student had Rubella:			
<b>Mumps</b> (2 doses after first birthday)			If no immunization, give date student had Mumps:			
<b>Varicella (Chickenpox)</b> (2 doses required after first birthday if born after 2010)			If no immunization, give date student had Chickenpox:			

Has the student been immunized against tuberculosis?  Yes  No

If the student has not been immunized, s/he must have a Tuberculosis Skin Test:

Result:  Negative  Positive Date:

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the candidate. I certify that all important medical information has been included, and that the above information is complete and accurate.

Physician's Name:

Physician's Signature: \_\_\_\_\_

Date:

Physician's Stamp



**ABOUT YOU & YOUR FAMILY:**

1. Student lives with:  both parents  mother  father other:

2. Brothers or sisters

Name: <input type="text"/>	Age: <input type="text"/>	Relationship: <input type="text"/>	Grade: <input type="text"/>
Name: <input type="text"/>	Age: <input type="text"/>	Relationship: <input type="text"/>	Grade: <input type="text"/>
Name: <input type="text"/>	Age: <input type="text"/>	Relationship: <input type="text"/>	Grade: <input type="text"/>

3. What are your "jobs around the house"?

4. Religion (optional):

Do you regularly attend services?  Yes  No

5. Do you smoke?  Yes  No

6. Do you take any medication?  Yes  No

If yes, please explain:

7. Do you have any special dietary concerns?  Yes  No

If yes, please explain:

8. Are you allergic to any animals?  Yes  No

If yes, please specify:

9. Do you dislike or fear any animal?  Yes  No

If yes, please specify:

10. Does the student have any other allergies?  Yes  No

If yes, please specify:

Please list any additional medical conditions staff should be aware of:

11. Have you ever travelled abroad?  Yes  No

If yes, where and for how long?

12. What are your interests and hobbies?

- |                                     |                                         |                                           |                                              |
|-------------------------------------|-----------------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> baseball   | <input type="checkbox"/> dance          | <input type="checkbox"/> horseback riding | <input type="checkbox"/> skiing/snowboarding |
| <input type="checkbox"/> basketball | <input type="checkbox"/> fishing        | <input type="checkbox"/> martial arts     | <input type="checkbox"/> sightseeing         |
| <input type="checkbox"/> biking     | <input type="checkbox"/> fitness        | <input type="checkbox"/> movies           | <input type="checkbox"/> soccer              |
| <input type="checkbox"/> board game | <input type="checkbox"/> gardening      | <input type="checkbox"/> music            | <input type="checkbox"/> swimming            |
| <input type="checkbox"/> boating    | <input type="checkbox"/> golf           | <input type="checkbox"/> photograph       | <input type="checkbox"/> tennis              |
| <input type="checkbox"/> camping    | <input type="checkbox"/> hiking/walking | <input type="checkbox"/> horseback riding | <input type="checkbox"/> theatre/concer      |
| <input type="checkbox"/> computers  | <input type="checkbox"/> history        | <input type="checkbox"/> reading          | other: <input type="text"/>                  |
| <input type="checkbox"/> cooking    | <input type="checkbox"/> hockey/skating | <input type="checkbox"/> shopping         | other: <input type="text"/>                  |

Sports you practice:

Musical instruments you play:



## HOST FAMILY

Would you prefer a host family with:

no children

1 or 2 children

several children

younger children

older children

*\*Please note Red Leaf cannot guarantee that requests will be met*

## STUDENT LETTER TO HOST FAMILY

Why do you want to live and study in Canada? What are your future goals and personal interests? Tell us about your family and friends! Are you afraid of animals? Do you practise sports? This letter is the perfect opportunity to introduce yourself and find the perfect host family match to your interests!



## **STUDENT PHOTO ALBUM**

**Please share 5 or 6 photos of you, at your house, in your rooms, and doing your favourite activities with family or friends.**

## **PARENT LETTER TO HOST FAMILY**

Tell us about your child's character and personality. What are his/her personal strengths and interests? How do they relate to authority figures like teachers and other adults? What are his chores in the house (i.e. making his/her own bed, tidying up his/her room...)?



## RED LEAF RULES

It is mandatory for all students to comply with the rules below, as well as the regulations of each school which will be given to them upon arrival. No student will be accepted to the program without the signatures of both the student and his/her parents indicating they have read and agree to the following rules. Red Leaf may dismiss a student at any time during the course of the program for unacceptable behaviour.

1. Red Leaf students must abide by the laws of Canada and by the rules of the school attended.
2. Students must only use drugs prescribed by a doctor and are not allowed to purchase or consume alcoholic beverages, or marijuana **regardless of age**.
3. Students are not allowed to drive motor vehicles or to attend driver education without parental and Red Leaf written permission.
4. Students are not permitted to participate in any dangerous activities, i.e., sky diving, bungee jumping, downhill skiing, snowboarding, horseback riding, white water rafting, mountain climbing, etc. If you are in doubt, it is your obligation to notify Red Leaf of your intent. If students wish to participate in these types of activities, parents must send written permission to Red Leaf.
5. Students are not permitted to travel outside their host city unless they are accompanied by a responsible adult and have natural parent permission in writing as well as permission from the host family.
6. Students are not allowed to take time off school unless given permission by the school, natural parents, and Red Leaf.
7. Students must accept reasonable host family rules regarding curfew and household chores. Students must not have house guests without host parent permission.
8. Red Leaf students are not allowed to make life-changing decisions while overseas, i.e., changing religion, getting married.
9. Red Leaf students are expected to return to their native country on the date arranged by the program. Red Leaf staff and your host family are not responsible for you after the termination date of your program.
10. Students must show respect for Red Leaf Staff, host family, school principals, and teachers and must adhere to their instructions.
11. Students who are 18 years of age or over, or who will turn 18 of age during their stay in Canada, agree to release academic information such as attendance records and records of grades to Red Leaf and/or its representatives.
12. Students are prohibited to work in Canada.
13. At school students must:
  - Attend every class and required activity.
  - Be punctual and demonstrate good behaviour in class.
  - Be responsible, show interest and complete homework and assignments (minimum C+ average). *Note: The minimum average is the student's responsibility; Red Leaf is responsible only for the student's welfare.*
1. It is prohibited to smoke both at school and at the homestay unless the family permits. It is against Canadian laws to smoke on any school property. It is illegal in Canada for anyone to provide cigarettes to anyone under the age of 19.
2. Host families must be informed of any social activities the student attends or places that the student goes to after regular classes. Students must respect the family's decision on the suitability of such activities.

(cont'd)



**Expulsion from school, the abuse of alcohol, the use of illegal drugs and/or medicines, or possession of either type, or contact with people related to the use of them, will result in the return of the student to his/her country at his/her own expense.**

I understand that failure to abide by the above rules may result in the student being sent back to their home country at their own expense. I hereby release Red Leaf Student Programs and its staff members, the host family, and the host school from all liability for injury, damages, or claims which the student may have incurred after the termination date\* of the program which is to be announced prior to the departure date of the student.

Student Signature: \_\_\_\_\_ Date:

Parent Signature: \_\_\_\_\_ Date:

\* Note: The termination date is understood to be the date the student leaves Canada or the last day of the month the student attends school or writes examinations.

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## RED LEAF STUDENT PROGRAMS TRAVEL RELEASE FORM

From time to time, students in the Red Leaf program may be asked by their school, their host family, or by Red Leaf to participate in chaperoned trips (trips with adult accompaniment). By signing the authorization below, you consent to allow your child to participate in any or all of these trips. ***The signature of one or both parents is required.***

Please note your host family has the final authority to decide if a student may participate in a trip or not.

I consent to allow my child to participate in chaperoned trips arranged by his/her school, host family, or by the Red Leaf Program. I hereby release Red Leaf Student Programs, its staff, the host family, and the host school from all liability for injury, damages or claims resulting from my child's participation in this trip.

Parent Signature: \_\_\_\_\_ Date:

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## PHOTO/VIDEO AUTHORIZATION FOR STUDENTS UNDER AGE 19:

Red Leaf Student Programs may take photographs/video to be used for Red Leaf-related promotional materials and marketing efforts. This release applies to images in print, digital, video, and broadcast formats.

I authorize Red Leaf Student Programs to take and use photographs and/or video of my child's participation in their programs.

Parent Signature: \_\_\_\_\_ Date:

