



STUDENT APPLICATION

Completed Application Package includes the following:

- Student Application (fillable form)
- Student Homestay Application (fillable form)
- Copy of student's passport
- Current photograph (3 passport-sized photos)
- \$200.00 (CDN) Application Fee payable to Lord Selkirk School Division

Email Completed Application Package to:

Lord Selkirk School Division
International Student Program Director
ispapplications@lssd.ca

Date of Application: _____ FOR SCHOOL USE ONLY: DATE APPLICATION WAS RECEIVED: _____

NAME OF APPLICANT: _____



STUDENT APPLICATION
 (PLEASE PRINT CLEARLY)

Name: _____
(As in Passport) Family Name Given Name(s) English Name (if applicable)

Date of Birth: _____ Age: _____ Gender: Male Female
Year/Month/Day

Home Mailing Address: _____
Street

City State/Province

Country Postal/Zip Code

Telephone: _____
Country Code City Code Number

Email: _____

Citizenship: _____ Country of Birth: _____

First Language: _____ Second Language: _____

Medical Information and/or Special Health Concerns:

Do you have any allergies? Yes No

If yes, explain: _____

Do you have a medical condition? Yes No

If yes, explain: _____

Do you use prescribed medication regularly? Yes No

If yes, explain: _____

Do you have or have you had any medical, psychiatric, or emotional conditions that could affect your ability to be successful in our ISP? Yes No

If yes, explain: _____

NAME OF APPLICANT: _____



LORD SELKIRK REGIONAL
COMPREHENSIVE SECONDARY SCHOOL
International Student Program

My application is for:

Semester 1 (September to January)

Semester 2 (February to June)

Full School Year (September to June)

Short Term beginning in September (please specify) _____

Short Term beginning in February (please specify) _____

Why do you wish to study in Selkirk? (Please print and complete in English)

I learned about the Lord Selkirk School Division's International Student Program from:

- | | | |
|---|--|--|
| <input type="checkbox"/> Agent | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Education Fair | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Government Office |
| <input type="checkbox"/> Other _____ | | |

NAME OF APPLICANT: _____



PARENT INFORMATION

(PLEASE PRINT CLEARLY)

FATHER

Date of Birth: _____
Day Month Year

Name: _____
Family Name Given Name(s)

Work Telephone: _____ Fax: _____
Country Code City Code Number

Email: _____

MOTHER

Date of Birth: _____
Day Month Year

Name: _____
Family Name Given Name(s)

Work Telephone: _____ Fax: _____
Country Code City Code Number

Email: _____

Do you live with both parents: Yes Mother only Father only

HOMESTAY PROGRAM

(PLEASE PRINT CLEARLY)

Students in our International Student Program are provided with a Homestay placement.

Please indicate your living arrangements if you will **not** be part of our homestay program.

NAME OF APPLICANT: _____



ACADEMIC INFORMATION

(PLEASE PRINT CLEARLY)

If you are currently enrolled in school please complete the following:

Name of School: _____

Address: _____
Street

_____ City

_____ Province/State

_____ Country

_____ Postal/Zip Code

Telephone: _____ Country Code _____ City Code _____ Number Fax: _____

Last grade completed	Current grade	Preferred grade in Lord Selkirk School Division
Date of last grade completed (month/year)	What month does your school year begin?	What month does your school year end?

Lord Selkirk School Division – International Student Program reserves the right to determine grade level and school placement

Please select (✓) the academic goal(s) that apply to you:

- Improve English skills and take specific courses for credit.
- Improve English skills while auditing courses during my short term program (less than 5 months).
- Graduate with a Manitoba High School Diploma.
- Attend a post-secondary institution in Manitoba or Canada.

NAME OF APPLICANT: _____



ENGLISH LANGUAGE SKILLS

Students need a minimum level of English language skills to be successful in our program. It is important that we have a clear understanding of your language skills to place you in the appropriate classes.

How many years have you studied English? _____years

Please select (✓) the box that best describes your skills in English.

- | | | |
|--------------------------|--------------------|---|
| <input type="checkbox"/> | No English | No knowledge of English. |
| <input type="checkbox"/> | Beginner | Able to use some greetings, short sentences but unable to carry on a conversation. Very limited vocabulary. |
| <input type="checkbox"/> | Intermediate | Able to order meals in a restaurant, ask simple directions and basic reading skills. Able to understand some spoken English. Reluctant to speak English. |
| <input type="checkbox"/> | Upper-Intermediate | Able to understand most uncomplicated radio/TV programs. Intermediate reading skills. Comfortable speaking in a social environment (simple topics). Individual makes many mistakes and do not have the vocabulary to express more complicated messages clearly. |
| <input type="checkbox"/> | Advanced | Able to understand and use English in most situations. Comfortable speaking English and have little difficulty expressing thoughts. Individual makes few errors. |
| <input type="checkbox"/> | Native Speaker | I speak and understand English like a native speaker. |

NAME OF APPLICANT: _____



COURSE SELECTION: For Grade 10 – 12 Students Only

(PLEASE PRINT CLEARLY)

Students study **5 subjects** per semester (one hour per day). Please select (√) **5 subjects** for your first semester.

ENGLISH

- Grade 10 Grade 11 Grade 12
 English as a Second Language (International Students only)

MATH

Grade 10	Grade 11	Grade 12
<input type="checkbox"/> Intro to Applied & PreCalculus	<input type="checkbox"/> PreCalculus	<input type="checkbox"/> PreCalculus
<input type="checkbox"/> Essential	<input type="checkbox"/> Applied	<input type="checkbox"/> Applied
	<input type="checkbox"/> Essential	<input type="checkbox"/> Essential
		<input type="checkbox"/> Calculus (Advanced Placement)

SCIENCE

Grade 10	Grade 11	Grade 12
<input type="checkbox"/> Science	<input type="checkbox"/> Biology	<input type="checkbox"/> Biology
<input type="checkbox"/> Advanced Science	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Chemistry
	<input type="checkbox"/> Physics	<input type="checkbox"/> Physics
	<input type="checkbox"/> Topics in Science	<input type="checkbox"/> Advanced Placement
		<input type="checkbox"/> Biology
		<input type="checkbox"/> Chemistry
		<input type="checkbox"/> Physics

GEOGRAPHY / HISTORY

Grade 10	Grade 11	Grade 12
<input type="checkbox"/> Geographic Issues	<input type="checkbox"/> History of Canada	<input type="checkbox"/> World Geography
<input type="checkbox"/> American History		<input type="checkbox"/> Global Issues
		<input type="checkbox"/> History of Western Civilization

PHYSICAL EDUCATION

- Grade 10 Grade 11 Grade 12

ELECTIVES

You may choose to study elective subjects along with core subjects for a maximum of **5 subjects** in one semester. A list of all core and elective subjects along with a brief description can be found at <http://www.lssd.ca/lsrcss/pages/info.html>

If you select an elective subject, please list here:

You may need the introductory level (Grade 10) of an elective subject if you have no experience with the subject material. **PLEASE NOTE – we do our best to meet your requests but, we cannot guarantee all subjects selected.**

NAME OF APPLICANT: _____



STUDENT RESPONSABILITIES

I understand that a successful experience in the International Student Program depends upon regular class attendance, completion of all homework and assignments, and participation in all activities offered by the Program. I acknowledge that the International Student Program of the Lord Selkirk School Division reserves the right to dismiss students and return them home, at the parents' expense, and without tuition refund, for violating any Program rules. (see Refund Policy on website). I understand that failure to disclose information about myself may also result in dismissal from the Program at the parent's expense, without tuition refund.

I understand that participation in any of the following may result in dismissal from the Program:

- Driving a motor vehicle
- Purchasing, possessing or using alcohol or illegal drugs
- Purchasing, possessing or using firearms or other lethal weapons
- Holding a paying job
- Engaging in any illegal activities
- Breaking homestay rules
- Violating school rules set out in the Code of Conduct and Student Handbook for Lord Selkirk School Division
- Unauthorized travel
- Inappropriate use of social media (Facebook, Twitter, Email, etc.)

By my signature below, I certify that I have read and understand my responsibilities stated above, that the information provided in all documents related to my application are true, and I agree to abide by the International Student Program rules and cooperate with administrators, teachers, and students in the Lord Selkirk School Division.

Student's Signature _____ Date: _____

PARENT RESPONSABILITIES

I understand that success in the International Student Program depends upon my child's willingness to follow the Program rules. I understand that, if our child violates any Program rules, she or he may be dismissed from the Program and sent home, at our own expense, and without tuition refund.

I also understand that my signature:

- Gives permission for my child to travel within Manitoba and Northwestern Ontario with their homestay family or on a field trip arranged by Lord Selkirk School Division,
- Gives permission to use photographs, creative work and video/audio recordings of my child in any promotional material used to advertise the International Student Program of the Lord Selkirk School Division,
- Confirms that I agree to Lord Selkirk School Division's Use of On-line Information Resources Policy (see AUP on website). I understand that my child is responsible and expected to abide by these Terms and Conditions and that my child's privileges may be suspended and/or any other consequences may be applied as deemed necessary, if these Terms are violated.
- I/we understand that I/we agree to reimburse the host family, the school or LSSD for any expenses, telephone charges, or damages my child causes. LSSD is not responsible for any lost items (passport, documents, wallet, cell phone, etc.). This pertains to any location (school, homestay, bus) while the student is studying in LSSD.

By my signature below, I certify that I have read and understand my responsibilities stated above, and that the information provided in this application is true.

Parent's Signature _____ Date: _____

Parent's Signature _____ Date: _____



EXPECTATIONS OF CUSTODIANS FOR INTERNATIONAL STUDENTS

Children who are under the age of 18 years and come to Canada to study, without a parent or legal guardian, must be cared for by a responsible adult. This person is referred to as a CUSTODIAN. Custodianship requires that a legal arrangement be made to give the custodian in Canada the permission to act in place of a parent or legal guardian. Two notarized documents are required. To be 'notarized' means that the document and signatures have been certified by a notary. The first notarized document must be signed by the custodian in Manitoba, Canada. The second notarized document must be signed by the parent(s) or legal guardian(s) of the child in their country of residence.

Expectations of custodians are:

- Make necessary arrangements for care and support of the student in place of the parents as appropriate
- Take an active role in supporting the student
- Be a liaison between the school and the parent
- Provide parental advice to student regarding school program and activities
- Provide consent as needed by the school for academic program and activities
- Advocate for the student on behalf of parents regarding any academic/behavioural/emotional issues
- Advise parents immediately of any academic/behavioural/emotional issues
- Provide support and encouragement for the student by attending performances, displays, etc
- Monitor the student
- Send report cards home to parents
- Attend parent/teacher interviews regarding the student's progress, concerns, educational planning for the student
- Reside within a reasonable distance of the student's intended residence and school
- Be easily accessible at all times
- Assist student with renewal details, e.g. passport, health insurance
- Be able to fulfill custodianship obligations in the event of an emergency
- Find proper medical care
- Make decisions in case of a medical emergency
- Be in contact with parents in times of emergency
- Serve as the official contact
- Provide an additional emergency contact
- Make alternate arrangements when the Custodian is planning to be away from the student for a length of time and alternate custodial responsibilities

It is understood the custodian is not responsible for matters outside of the ones listed on this document.

Signature of Parent

Date

Signature of Parent

Date



LORD SELKIRK REGIONAL
COMPREHENSIVE SECONDARY SCHOOL
International Student Program

STUDENT HOMESTAY APPLICATION

PERSONAL INFORMATION			
		DATE OF APPLICATION:	
Surname (family name):			
Given Name(s):		English Name: (if applicable)	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (month/day/year)		Current Age:
First Language:		Other Languages Spoken:	

HOME ADDRESS			
Street Address			
City	Province/State	Country	Postal Code
Telephone Number (include country & city code)		Fax Number (if applicable)	
Email address			

PARENTS' INFORMATION			
Father's Surname	First Name	Occupation	Speak English?
Mother's Surname	First Name	Occupation	Speak English?

OTHER FAMILY MEMBERS		
Name	Gender (M/F)	Age



GENERAL INFORMATION

Please provide as much information as possible to help us place you with an appropriate homestay family. (Please print)

1. Do you live in apartment house condo
2. Do you have your own bedroom? Yes No
3. Do you have any pets? Yes (please list) _____ No
4. Would you live with a family that has pets? Yes No No preference
PLEASE NOTE THAT MANY OF OUR CANADIAN FAMILIES HAVE PETS THAT LIVE WITH THEM IN THEIR HOME.
5. **Do you smoke?** Yes No **PLEASE NOTE: ALL OUR SCHOOLS AND MOST OF OUR HOMESTAY FAMILIES PROVIDE A NON-SMOKING ENVIRONMENT.**
Would you prefer a home that was: Non-smoking Smoking No preference
6. Do you have any special dietary requirements, e.g. vegetarian, allergies.
 Yes (please list) _____ No
7. What kinds of foods do you like to eat? _____

- What foods do you dislike? _____
8. Describe your activities/hobbies (please select all that apply):
 Sports Music Art Cooking Theatre Dance
 Computer/Internet Exercise/Fitness Programs
9. Have you worked with computers?
 Yes, (please describe) _____ No
10. Do you belong to any youth clubs or groups?
 Yes (please list) _____ No
11. What is your religion? _____
12. How often do you attend church? _____
13. Please describe any part-time jobs or work experience you may have had:



14. Do you usually help with household chores? Yes No

If yes, please describe: _____

PLEASE NOTE THAT IN CANADIAN HOMES, FAMILY MEMBERS ALL HELP WITH BASIC HOUSEHOLD CHORES.

15. Do your parents require you to be home at a specific time in the evening? Yes No

If yes, what time: weekdays _____ weekends _____

16. What courses does your home school require you to take while studying in Selkirk?

17. What do you expect from attending a Canadian high school?

18. Do you want to earn a Manitoba High School graduation diploma after completing your Grade 12 at Lord Selkirk Regional Comprehensive Secondary School? Yes No

19. Have you ever been away from your family for long periods of time?

Yes (how long) _____ No

20. Describe any concerns you may have about living in Canada:

21. In most Canadian families children are of varying ages. Hopefully, this type of situation would be acceptable to you. Although many students indicate they would prefer to live in a home with someone of the same gender and age, it is not always possible for us to accommodate this wish. Please remember that although you may think this is the "best" situation, that personalities of the same age and gender may not always be similar. Also remember that once you are in school, you will make friends of your own age, and that these will be individuals who have similar interests to you. Your homestay family will welcome you inviting these friends into their homes for visits. Please express your thoughts about this.



22. Would you like to live in a home with young children? Yes No

23. Would you like to live in a home with a student(s) close to your own age? Yes No

24. How can we help you adjust to your new home?

25. Please describe any medical conditions your Homestay Family should be aware of:

26. Do you have any serious/life threatening medical conditions that may require immediate medical attention?

Yes (please describe) _____ No

27. Please provide any further information you feel would be useful in helping us to place you in the best possible Homestay situation:

28. Comments:



STUDENT MEDICAL INFORMATION

EMERGENCY CONTACT INFORMATION (please provide 2 contacts)

Surname		First Name		Relationship/Agency Name	
Street Address					
City		Province/State		Postal Code	
Country					
Telephone (include country & city code)			Fax (include country & city code)		
E-mail Address					
Surname		First Name		Relationship/Agency Name	
Street Address					
City		Province/State		Postal Code	
Country					
Telephone (include country & city code)			Fax (include country & city code)		
E-mail Address					



MEDICAL HISTORY

1. Previous surgery, injury and/or serious illness (with dates): _____

2. Fractures sustained (with dates): _____

3. Drug allergies: _____
4. Other allergies: _____
5. Regular medication taken (over the counter or prescription) _____
6. Do you use an inhaler? Yes No
7. Do you carry an Epi-pen for allergies? Yes No
8. Do you wear glasses? Yes No Contact lenses? Yes No
9. Do you require routine injections? Yes No
If yes, please describe: _____
10. Is there a family history of any illness that we should be aware of? Yes No
11. Have you ever had any of the following:

<input type="checkbox"/> Allergies to drugs	<input type="checkbox"/> Headache (migraine)	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Food allergies	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Pet allergies	<input type="checkbox"/> Malaria	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Anorexia, bulimia	<input type="checkbox"/> Measles	<input type="checkbox"/> Typhoid fever
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Menstrual cycle problems	<input type="checkbox"/> Vertigo, Dizziness
<input type="checkbox"/> Asthma	<input type="checkbox"/> Mumps	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Whooping cough
<input type="checkbox"/> Cough (persistent, recurring)	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Other
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Rheumatic Fever	_____
<input type="checkbox"/> German Measles	<input type="checkbox"/> Scarlet Fever	



12. Please list all vaccinations administered and dates:

THIS MEDICAL INFORMATION IS BEING COLLECTED SO THAT APPROPRIATE HEALTH CARE PLANS MAY BE DEVELOPED, IF NECESSARY. THIS INFORMATION WILL ONLY BE SHARED WITH APPROPRIATE INDIVIDUALS. THIS INFORMATION IS PROTECTED BY THE PERSONAL HEALTH INFORMATION ACT OF THE PROVINCE OF MANITOBA



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2. Please write a letter in English describing your lifestyle to your new homestay family.