



NIAGARA CATHOLIC
DISTRICT SCHOOL BOARD

INTERNATIONAL STUDENT APPLICATION

427 Rice Road, Welland, Ontario L3C 7C1 Telephone (905) 735-0240 Fax (905) 735-2940

This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of The Education Act and will be used for the purposes of determining student registration eligibility. Questions about this collection should be directed to the Manager of Student Information and Administrative Services, Niagara Catholic District School Board.

PLEASE PRINT

See reverse side for Terms of Admission

Surname		Given Names (Full name as shown in identity documents)		Male <input type="checkbox"/>
				Female <input type="checkbox"/>
Apartment No.	Street No.	Street Name		City
Province	Country	Postal Code	E-mail address	
Telephone No. (including country code)		Date of Birth (yy/mm/dd)	Have you previously applied to Niagara Catholic District School Board? yes <input type="checkbox"/> no <input type="checkbox"/>	

LANGUAGES SPOKEN

First Language (Mother Tongue)	<input type="checkbox"/> English	<input type="checkbox"/> Other	Please specify:
Second Language	<input type="checkbox"/> English	<input type="checkbox"/> Other	Please specify:

SCHOOLS ATTENDED (list in order of latest attendance)

School(s) Attended	Location of School	Grade completed	Year
			From: 200____ to 200____
			From: 200____ to 200____

Please include any additional information that might assist us with your grade placement.

PROGRAM REQUESTED

Program for which application is made (check one):	<input type="checkbox"/> Secondary	<input type="checkbox"/> Elementary	For School Year 200____/200____
<input type="checkbox"/> Semester One (September-January) 200____	<input type="checkbox"/> Semester Two (February-June) 200____		

HOST FAMILY

Name	Apartment No.	Street No.	Street Name
City	Postal Code	Telephone No.	E-mail Address

CERTIFICATION

I hereby certify that all statements are correct and complete. I understand that any misrepresentation of this data may result in the cancellation of my admission or registration status.

Date: _____ Signature: _____

Date: _____ Signature of Parent or Guardian: _____

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TERMS OF ADMISSION

1. Liturgies, paraliturgies and retreats are an integral part of the school curriculum and all students are expected to participate in them. To help fulfill the Board's aim of providing an educational atmosphere which fosters and directs the spiritual, intellectual, aesthetic, physical and social growth of all students enabling them to live and contribute as responsible Catholics in our society, all students are required to take a religious education course in each year of secondary school.
2. I have enclosed a notarized translation in English of my academic documents should the originals be in a language other than English.
3. I must maintain a current Study Permit from Citizenship and Immigration Canada.
4. I have acquired adequate private health insurance coverage to meet Canadian Standards.
5. I have enclosed proof of vaccination against Mumps, Measles, Rubella, Diptheria, Tetanus and Polio.
6. I agree to pay by certified cheque, bank draft or money order, prior to registration, gross fees payable in Canadian Funds to the Niagara Catholic District School Board . Fees are subject to change without notice.
7. I agree to enclose with this application a cheque in the amount of \$250 Canadian, as a non-refundable deposit.
8. I understand that applications for the school year (September-June) will not be accepted after June 01 of the previous school year. Secondary school applications may be considered for Semester two (February) admission if received prior to October 31 of the previous calendar year.
9. I agree to register at the school to which I am assigned by the Niagara Catholic District School Board the week before the beginning of the new school year. Late registrations will not be accepted during the first three days of the school year.

I, the undersigned, understand and accept the Terms for Admission into a school in the Niagara Catholic District School Board.

I am enclosing the following:

- ☐ Notarized translation in English of my academic documents should the originals be in a language other than English
- ☐ Proof of Vaccination against Mumps, Measles, Rubella, Diptheria, Tetanus and Polio
- ☐ \$250 Canadian non-refundable deposit

Signature of Student: _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

Completed applications should be submitted to:

The Principal
St. Thomas Centre
68 Eastchester Avenue,
St. Catharines, Ontario
L2P 2YA

905-685-3276