

INTERNATIONAL STUDENT PROGRAM (ISP) APPLICATION FORM FOR THE CONSEIL SCOLAIRE CATHOLIQUE DU NOUVEL-ONTARIO (CSCNO)



Please read this form carefully and fill out all the sections below.

Date of application: dd / mm / yyyy

To which program would you like to apply?

- Canadian Experience (one semester)
- Academic Experience (one school year)
- French academic / cultural experience (3 weeks)
- Summer Camp (3 to 4 weeks)

Semester and year:

- Autumn 20 ____ (Begins end of August/early September)
- Winter 20 ____ (Begins end of January/early February)
- Summer 20 ____

1. STUDENT INFORMATION

Last Name:

First Name(s):

Date of birth: dd / mm / yyyy

Gender: Female Male

Country of birth:

Citizenship:

Language Spoken at Home:

- French
- English
- Other (Specify):

Other Spoken Languages:

- French
- English
- Other (Specify):

Religion:

Address in Home Country:

City:

Province or State:

Country:

Postal Code:

Telephone Number (Home):

Email:

2. PARENT / GUARDIAN INFORMATION

In his or her home country, the student lives with:

- Both parents
- Shared custody
- Mother only
- Guardian
- Father only

Mother's Last Name:

Mother's First Name(s):

Date of birth: dd / mm / yyyy

Citizenship:

| | |
|--|--|
| Address: | |
| City: | Province or State: |
| Country: | Postal Code: |
| Telephone Number (Home): | |
| Telephone Number (Cell): | |
| Email: | |
| Does your mother speak French? Yes No | If not, which language does she speak? |
| Is your mother a primary contact? | Yes No |
| Father's Last Name: | Father's First Name(s): |
| Date of birth: dd / mm / yyyy | Citizenship: |
| Address: | |
| City: | Province or State: |
| Country: | Postal Code: |
| Telephone Number (Home): | |
| Telephone Number (Cell): | |
| Email: | |
| Does your father speak French? Yes No | If not, which language does he speak? |
| Is your father a primary contact? | Yes No |
| In the event that you do not live with your parents in your home country, please fill out tutor contact information. | |
| Guardian's Last Name: | Guardian's First Name(s): |
| Date of birth: dd / mm / yyyy | Citizenship: |
| Address: | |
| City: | Province or State: |
| Country: | Postal Code: |

| | |
|--|---|
| Telephone Number (Home): | |
| Telephone Number (Cell): | |
| Email: | |
| Does your guardian speak French? Yes No | If not, which language does he/she speak? |
| Is your guardian a primary contact? Yes No | |

3. EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

IMPORTANT: Your emergency contact must be fluent in French or English.

| | |
|--------------------------|--------------------------|
| Contact's Last Name: | Contact's First Name(s): |
| Relationship to Student: | |
| Address: | |
| City: | Province or State: |
| Country: | Postal Code: |
| Telephone Number (Home): | |
| Telephone Number (Work): | |
| Telephone Number (Cell): | |
| Email: | |

4. STUDENT SCHOOL INFORMATION IN HOME COUNTRY

| | |
|-------------------------------|-----------------------------|
| School Name: | |
| Address: | |
| City: | Province or State: |
| Country: | Postal Code: |
| Start of School Year (Month): | End of School Year (Month): |
| Last Grade Completed: | |

5. FRENCH LANGUAGE PROFICIENCY

Please check the box that best describes your French level according to the Common European Framework of Reference for Languages.

| | |
|----------------------|--|
| A1 Basic User: | Can understand and use familiar everyday expressions and very basic phrases aimed at the satisfaction of needs of a concrete type. Can introduce him/herself and others and can ask and answer questions about personal details such as where he/she lives, people he/she know and things he/she has. Can interact in a simple way provided the other the other person talks slowly and clearly and is prepared to help. |
| A2 Basic User: | Can understand sentences and frequently used expressions related to areas of most immediate relevance (e.g. very basic personal and family information shopping, local geography, employment). Can communicate in simple and routine tasks requiring a simple and direct exchange of information on familiar and routine matters. Can describe in simple terms aspects of his/her background, immediate environment and matters in areas of immediate need. |
| B1 Independent User: | Can understand the main points of clear standard input on familiar matters regularly encountered in work, school, leisure, etc. Can deal with most situations likely to arise whilst travelling in an area where the language is spoken. Can produce simple connected text on topics which are familiar or of personal interest. Can describe experiences and events, dreams, hopes and ambitions and briefly give reasons and explanations for opinions and plans. |
| B2 Independent User: | Can understand the main ideas of complex text on both concrete and abstract topics including technical discussions in his/her field of specialisation. Can interact with a degree of fluency and spontaneity that makes regular interaction with native speakers quite possible without strain for either party. Can produce clear, detailed text on a wide range of subjects and explain a viewpoint on a topical issue giving the advantages and disadvantages of various options. |
| C1 Proficient User: | Can understand a wide range of demanding, longer texts, and recognise implicit meaning. Can express him/herself fluently and spontaneously without much obvious searching for expressions. Can use language flexibly and effectively for social, academic, and professional purposes. Can produce clear, well-structured, detailed text on complex subjects, showing controlled use of organisational patterns, connectors, and cohesive devices. |
| C2 Proficient User: | Can understand with ease virtually everything heard or read. Can summarise information from different spoken and written sources, reconstructing arguments, and accounts in a coherent presentation. Can express him/herself spontaneously, very fluently and precisely, differentiating finer shades of meaning even in more complex situations. |

6. LEARNING OBJECTIVES

Please indicate your learning objectives for participating in the International Students Program:
(Check all that apply):

Improve French language skills and follow courses in an Ontario high school

Graduate with an Ontario high school diploma

Live a rich cultural experience

7. HIGH SCHOOL PREFERENCE

| | |
|--|---|
| Collège Notre-Dame (Non-semester School) | École secondaire catholique l'Horizon (Semester School) |
| École secondaire catholique Champlain (Semester School) | École secondaire catholique Sacré-Cœur (Semester School) |

8. CANADA HOMESTAY NETWORK

I want to live with a host family.

I do not want to use the services of the Canada Homestay Network. I will live with a family member. I understand that this option must be pre-approved by the school board and that certain verifications may apply.

Thank you for completing this form. It will be kept confidential and the information will be kept in our records for 5 years following the completion of the student's program. False information may result in the rejection of the application or the immediate dismissal of the student from the program. Please return the completed form by email to

paul.delariva@nouvelon.ca or by mail to **Paul de le Riva, International Student Program Manager at the Conseil scolaire catholique du Nouvel-Ontario, 201 Jogues St., Sudbury, Ontario P3C 5L7 CANADA**