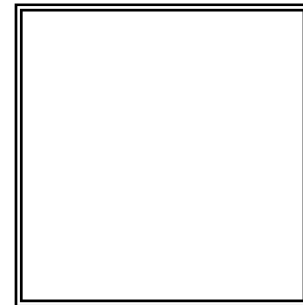




APPLICATION FOR ADMISSION INTERNATIONAL STUDENT PROGRAM

1 Photograph attached to the right



Date of Application: _____

PERSONAL INFORMATION:

Surname (Family Name)		Given Names		Preferred Name to be called (if applicable)	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy) ____/____/____		Citizenship:		
First Language:			Country of Birth:		

HOME MAILING ADDRESS:

Street Address			
City:	Province/State	Country	Postal Code
Telephone Number (include country & city code)		Fax Number (if applicable)	E-mail address

PARENT/GUARDIAN INFORMATION:

Father's Surname	First Name	Work Telephone	Home Telephone
Date of Birth (dd/mm/yyyy) ____/____/____ (For Custodian Form)		Occupation	E-mail (if different)
Mother's Surname	First Name	Work Telephone	Home Telephone
Date of Birth (dd/mm/yyyy) ____/____/____ (For Custodian Form)		Occupation	E-mail (if different)

CONTACT PERSON IN HOME COUNTRY OR CANADA: (if different from above [e.g. sending Agency])

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

Immigration Canada requires that each student have a Custodian (guardian) in the community. We are willing to accept this responsibility should you wish. Please indicate your preference:

- Yes, I want the International Student Program to be the Custodian for my child. Fee: \$1,000 per year
- No, I have arranged for my child to live elsewhere with an adult Custodian in Winnipeg as follows:

Surname	Given Name	Relationship to Student	
Address	City	Postal Code	
Home Phone	Work Phone	Fax	Email

ENGLISH ABILITY

Please check all that apply:

A) How many years have you taken formal English classes?

In a school	1 year	2 years	3 years +
Private Lessons	1 year	2 years	3 years +

B) When do you speak English?

At school	At home	With friends	At private lessons
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C) How do you rate your written level of English?

I can answer simple questions in short sentences.
I can write a simple description of a picture.
I can write a short paragraph on a personal topic.
I can write a short explanatory paragraph in response to a reading.
I can write a letter or e-mail.
I can write a composition of 3 or more paragraphs to develop a central idea.
I can write a short essay introducing, developing, and concluding an argument.

Student Name: _____

Date: _____

EDUCATION AND SCHOOL PLACEMENT

Name of Past School & Present School	Grade Completed	Date From	Date To

What grade are you applying for?

<input type="checkbox"/> Gr. 6	<input type="checkbox"/> Gr. 7	<input type="checkbox"/> Gr. 8	<input type="checkbox"/> Gr. 9	<input type="checkbox"/> Gr.10	<input type="checkbox"/> Gr.11	<input type="checkbox"/> Gr. 12
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When do you want to begin school?

School begins in September, but applications are accepted on an ongoing basis.

<input type="checkbox"/> September ____	<input type="checkbox"/> Other :
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How long do you plan to study?

<input type="checkbox"/> More than one year	<input type="checkbox"/> One Year	<input type="checkbox"/> 5 months	<input type="checkbox"/> ____ 3-4 Months (audit only, no course credit)
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What are your goals after you complete your studies in our Program?

<input type="checkbox"/> Graduate from high school in Manitoba	<input type="checkbox"/> Develop English skills only
<input type="checkbox"/> Attend university in Canada	<input type="checkbox"/> Attend university or college outside Canada
<input type="checkbox"/> Attend college in Canada	<input type="checkbox"/> Attend university or college in my home country
<input type="checkbox"/> Return to secondary school in my home country	<input type="checkbox"/> Other: _____

I learned about the GRAY ACADEMY INTERNATIONAL STUDENT PROGRAM From:

<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Education Fair	<input type="checkbox"/> Government Office	<input type="checkbox"/> Internet
<input type="checkbox"/> Agency _____ Agency Contact Person _____			
<input type="checkbox"/> Canadian Education Centre (CECN) Office			
<input type="checkbox"/> Other _____			

FIELD TRIPS

I give permission for my child to participate in field trips arranged by the school.

Parent(s)/Guardian(s) Signature: _____

Student Name: _____

Date: _____

CODE OF CONDUCT

At Gray Academy of Jewish Education respecting oneself, others, and the school means . . .

A Student will:

- Be on time for class, bringing all the required supplies and completed homework.
- Speak well of others, not using abusive language and aggressive behaviour to belittle or intimidate.
- Show respect to all school staff (teachers, principals, and support staff).
- Behave respectfully to all, regardless of age, gender, race, or religion.
- Solve conflicts peacefully through discussion or by seeking help.
- Dress according to the dress code for all classes and school-sponsored activities.
- Use the school's property appropriately and work to keep the school property clean.
- Make the most time in school, and strive for academic excellence through classroom participation.
- Carefully evaluate his or her behaviour and school work, and seek to change when necessary.

The Staff will:

- Provide the programs and services prescribed by the Winnipeg Board of Jewish Education and the Department of Education from the Province of Manitoba.
- Establish and maintain a positive learning environment.
- Evaluate students' achievement, and explain the evaluation procedures for each course.
- Keep students, parents/guardians and principals informed about student progress, attendance, and behaviour.
- Show common courtesy and respect to all.
- Speak well of others, not using abusive language and aggressive behaviour to coerce or intimidate.
- Behave respectfully to all, regardless of age, gender, race, or religion.
- Treat students and other staff members fairly and consistently.
- Respect confidential information about students and staff.
- Help students to resolve conflicts peacefully and use the Code of Conduct to encourage appropriate behaviour.

The Parent/Guardian will:

- Make sure their children attend classes regularly, arrive at school on time, and do their homework.
- Attend school events, support the school and stay in contact with school staff.
- Help their children develop positive attitudes to school and respect the staff and school property.
- Show common courtesy and respect to all.
- Speak well of others, not using abusive language and aggressive behaviour to coerce or intimidate.
- Encourage the peaceful resolution of conflict. Discourage violent or aggressive behaviour to solve conflicts.
- Discuss the Code of Conduct with their children, to ensure that they understand what it means.

I, _____ am aware of the school's code of conduct and agree to abide by it and to support it to the best of my ability.

Student Signature

Parent(s)/Guardian(s) Signature

Date

Student Name: _____

Date: _____

STUDENT MEDICAL INFORMATION

EMERGENCY CONTACT INFORMATION *(Please provide 2 contacts in home country)*

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

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

MEDICAL HISTORY

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

2. Fractures sustained (with dates):

3. Drug allergies: _____

4. Other allergies: _____

5. Regular medication taken (non prescription and prescription): _____

6. Do you wear glasses? _____ Contact lenses? _____

Student Name: _____

Date: _____

7. Do you require any routine injections? Yes No

If yes, please describe: _____

8. Is there a family history of any illness that we should be aware of? Yes No

If yes, please describe: _____

9. 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"/> Other:
<input type="checkbox"/> German measles (Rubella)	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Other:

10. Please list all vaccinations administered and dates:

VACCINATION	DATE	REACTION (IF ANY)

Student Name: _____

Date: _____

STUDENT HOMESTAY APPLICATION

OTHER FAMILY MEMBERS

Name	Age	Gender (M/F)	Relationship

GENERAL INFORMATION (Please print)

Please provide as much information as possible to help us place you with an appropriate Homestay family.

- Do you have any pets? Yes (please list) _____ No
- Would you be O.K. with a family that has pets? Yes No No preference
- All of our schools and our Homestay Families provide a non-smoking environment.
- Do you have any special dietary requirements, e.g. vegetarian?
 Yes (please list) _____ No
- What kinds of foods do you like to eat? _____

What foods do you dislike? _____

- What kinds of books do you like to read? _____
- Describe your activities/hobbies (please select all that apply):
 Sports Music Art Cooking Theatre Dance
 Computer/Internet Exercise/fitness Programs
- What is your level of religious observance (optional)? _____
- How often do you attend religious services? _____
- What does Judaism mean to you? _____

- Please describe any part-time jobs or work experience you may have had: _____

Student Name: _____

Date: _____

12. Do you usually help with household chores? Yes No
 If yes, please describe: _____

13. Do your parents require you to be home at a specific time in the evening? Yes No
 If yes, what time: weekdays _____ weekends _____
14. What courses do you presently study? _____

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

16. Have you ever been away from your family for long periods of time?
 Yes (how long) _____ No

MEDICAL

Please list any medical conditions that Homestay Parents should be aware of:

Please list any physical limitations that Program and School Staff should be aware of:

I/We as parent(s)/guardian(s) of the undersigned student do hereby authorize the GRAY ACADEMY OF JEWISH EDUCATION INTERNATIONAL STUDENT PROGRAM staff and the sponsoring Homestay parents to consent to any X-ray examinations, anaesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the office of said physician or surgeon or at a hospital.

It is understood that this authorization is not given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the GRAY ACADEMY OF JEWISH EDUCATION INTERNATIONAL STUDENT PROGRAM to give specific consent to any and all such diagnoses, treatment, or hospital care which the aforesaid physician or surgeon in the exercise of his/her best judgment may deem advisable.

 Name of Parent/Guardian Parent/Guardian's Signature Date

 Name of Parent/Guardian Parent/Guardian's Signature Date

Student Name: _____

Date: _____