



## Supplementary Information - Academic Application (Grades 9 – 12)

The information collected in this form will be used to determine preliminary course selections and must be completed for all secondary students entering grades 9 to 12.

### EDUCATION INFORMATION

#### STUDENT INFORMATION

Last Name	First Name
Preferred Name	Date of Birth (yy/mm/dd)
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Citizenship
School Grade	First Language

#### INFORMATION ON CURRENT SCHOOL

Name of School	Language of Instruction
Is your school (please check one of the following)?	
<input type="checkbox"/> Regular public school?	<input type="checkbox"/> International school offering Canadian curriculum?
<input type="checkbox"/> International school offering British or American curriculum?	
<input type="checkbox"/> Other: (please provide a brief description):	

#### ADDITIONAL EDUCATION INFORMATION

Have you attended any intensive English language-training program(s) that include instruction from a native English speaker teacher outside of your regular studies at school? Yes  No

If yes:

How many hours of instruction per class?	<input type="checkbox"/> 1 hour or less	<input type="checkbox"/> 2-3 hours	<input type="checkbox"/> 4-5 hours	<input type="checkbox"/> Whole day
How often do you attend such a program?	<input type="checkbox"/> Once/week	<input type="checkbox"/> 2-3 times /week	<input type="checkbox"/> More than 3 times/week	<input type="checkbox"/> Every day
How long have you been attending such a program?	<input type="checkbox"/> 2-3 months	<input type="checkbox"/> Half a year	<input type="checkbox"/> 1 year	<input type="checkbox"/> More than 1 year
Have you taken the TOEFL test? If yes, what was your score?	<input type="checkbox"/> TOEFL: NO	<input type="checkbox"/> TOEFL: YES	Score:	
Have you taken the IELTS test? If yes, what was your score?	<input type="checkbox"/> IELTS: NO	<input type="checkbox"/> IELTS: YES	Score:	

**Students requesting admission to Grade 12 must have achieved minimum) IELTS 5.5 or TOEFL 55 and must provide a photocopy of the official test results report.**

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What is your favourite school subject?

<input type="checkbox"/> Literature	<input type="checkbox"/> Math	<input type="checkbox"/> Science	<input type="checkbox"/> Social Science	<input type="checkbox"/> Other (explain):
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Name your favourite hobbies or any extra-curricular activities you regularly attend:

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### FUTURE GOALS

After attending high school in York Region District School Board, do you plan to go university or college to continue your study?

Yes  No

If yes, what area of study do you want to pursue in university/college? (Select more than one if necessary.)

<input type="checkbox"/> Arts & Design	<input type="checkbox"/> Commerce/ Economics	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Engineering	<input type="checkbox"/> Medical Science	<input type="checkbox"/> Music
<input type="checkbox"/> Science	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Undecided	<input type="checkbox"/> Other:		

### PRELIMINARY COURSE SELECTION

**Math** and **English** are mandatory courses at YRDSB and will be selected on your behalf after your arrival, and assessment has taken place. Please select one elective from each category. [Graduation requirements](#) are available from the YRDSB website.

CATEGORY					
Arts and Design	Sciences	Social Sciences	Business	Technology	Other
<input type="checkbox"/> Visual Arts	<input type="checkbox"/> General (Grades 9, 10)	<input type="checkbox"/> Geography	<input type="checkbox"/> Introductory Business	<input type="checkbox"/> Communication Technology	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Music	<input type="checkbox"/> Biology	<input type="checkbox"/> History	<input type="checkbox"/> Marketing	<input type="checkbox"/> Computer Technology	<input type="checkbox"/> Food and Nutrition
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Psychology	<input type="checkbox"/> International Business	<input type="checkbox"/> Hospitality and Tourism	
<input type="checkbox"/> Fashion	<input type="checkbox"/> Physics	<input type="checkbox"/> Political Science	<input type="checkbox"/> Financial Accounting	<input type="checkbox"/> Construction Tech (carpentry etc.)	

Please provide any additional information about yourself that you would like to share with us:

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Student's Signature	Date (yy/mm/dd)
Parent's Signature	Date (yy/mm/dd)