



## INTERNATIONAL STUDENT APPLICATION FORM

Please submit completed form to [international@cepeo.on.ca](mailto:international@cepeo.on.ca)

Application fee: **CAN\$300 non-refundable**

Date of application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
year month day

### STUDENT INFORMATION

Legal Last Name	Legal First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Y M D
Residential Address			
City	Province/State	Country	Postal Code
Phone Number		Student Email	

### CURRENT SCHOOL INFORMATION

Current Grade	Name of Current School	Location
---------------	------------------------	----------

### ENROLLMENT INFORMATION

I am applying for the following program(s):

**ACADEMIC PROGRAM** (details on the next page)

**FRENCH AS A SECOND LANGUAGE (FSL) SUMMER CAMP**  
 Choose the week(s) you would like to attend:

Week 1    Week 2    Week 3    Week 4  
 Week 5    Week 6    Week 7    Week 8

**Applying for grade:**    7    8    9    10    11    12

First semester (September to January)    Second semester (February to June)    2 semesters (September to June)

→ Choose ONE school

<b>DE LA SALLE</b> Public secondary school  ■	<b>LOUIS-RIEL</b> Public secondary school  ■	<b>GISÈLE-LALONDE</b> Public secondary school  ■
<p><b>Select the regular academic program OR a specialization:</b></p> <p><input type="checkbox"/> <b>Academic Program</b> (grades 7 to 12)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>Specializations</b> <i>**Additional fees for specialization**</i></p> <p><b>(grades 9 to 12)</b></p> <p><input type="checkbox"/> Cinema and television</p> <p><input type="checkbox"/> Dance (contemporary and classical ballet)</p> <p><input type="checkbox"/> String music</p> <p><input type="checkbox"/> Theater</p> <p><input type="checkbox"/> Visual and Media Arts</p> <p><input type="checkbox"/> Vocal music</p> <p><input type="checkbox"/> Wind and percussion music</p> <p><input type="checkbox"/> Writing and creative writing</p>	<p><b>Select the regular academic program OR a specialization:</b></p> <p><input type="checkbox"/> <b>Academic Program</b> (grades 7 to 12)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>Specializations</b> <i>**Additional fees for specialization**</i></p> <p><b>(grades 9 to 12)</b></p> <p><input type="checkbox"/> Athletics</p> <p><input type="checkbox"/> Basketball</p> <p><input type="checkbox"/> Golf</p> <p><input type="checkbox"/> Hockey</p> <p><input type="checkbox"/> Skiing</p> <p><input type="checkbox"/> Soccer</p> <p><input type="checkbox"/> Sports (Individual)</p> <p><input type="checkbox"/> Volleyball</p>	<p><b>Select the regular academic program OR a specialization:</b></p> <p><input type="checkbox"/> <b>Academic Program</b> (grades 7 to 12)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>Specializations</b> <i>**Additional fees for specialization**</i></p> <p><b>(grades 11 and 12)</b></p> <p><input type="checkbox"/> Environment Specialization</p> <p><input type="checkbox"/> Health and Wellness Specialization</p> <p><input type="checkbox"/> International Baccalaureate</p>
Do you plan on attending school in Ottawa for more than one year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to graduate from high school in Ottawa?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to pursue your post-secondary studies in a Canadian college or university? <b>If yes</b> , in which language? <input type="checkbox"/> in French <input type="checkbox"/> in English		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in what field of study? (Arts, Sciences, Social Studies, Engineering, Health Sciences ...)		
Optional: List any courses you <b>MUST</b> take when attending high school in Ottawa		
Do you need to have your official transcript validated (apostilled) after completion of your program?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a formal attestation of your French level? <input type="checkbox"/> Yes <input type="checkbox"/> No	Results from French test evaluation (level):	
First language learned at home? (mother tongue)		

PARENTS INFORMATION	
PARENT 1	PARENT 2
Legal last name, First name	Legal last name, First name
Address/City/Postal code OR <input type="checkbox"/> same address as student	Address/City/Postal code OR <input type="checkbox"/> same address as student
Email Address	Email Address
Work phone number:	Work phone number:
Home phone number:	Home phone number:
Cellular phone number:	Cellular phone number:

**ACCOMMODATION AND CARE**

**Student will require:**

A custodianship arrangement

A Homestay placement through Homestay Canada Network (CHN) or Canada Accommodation Services (CAS).

To live with a family member / custodian / other at the following address:

Legal last name	Legal first name	Relationship to student
Residential Address		
Home phone number	Cellular phone number	Email address

**MEDICAL INFORMATION**

Do you have any allergies?  
 Yes  No *If yes, please specify*

Do you have any medical condition?  
 Yes  No *If yes, please specify*

**PERMISSION TO RELEASE STUDENT INFORMATION**

I authorize \_\_\_\_\_ to receive all personal, school and  
*Name of Agent/Agency*  
homestay information of \_\_\_\_\_ on my behalf whether  
*Name of Student*  
through the school or school board.

\_\_\_\_\_  
Name of parent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of parent

\_\_\_\_\_  
Signature

**For further information regarding the application process, please contact CEPEO's  
Bureau of International Education at 1-613-742-8960, extension 2163.**