





Applying for grade :      7     8     9     10     11     12

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

→ Choose ONE program

DE LA SALLE Public secondary school	LOUIS-RIEL Public secondary school	GISÈLE-LALONDE Public secondary school	Alternative Public secondary school
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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><input type="checkbox"/> <b>Preparatory program</b></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"/> Soccer / Football</p> <p><input type="checkbox"/> Track and field</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"/> Individual Sports</p> <p><input type="checkbox"/> Volleyball</p> <p><input type="checkbox"/> Others</p> <p><b>Preparatory program</b></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>Environment Specialization</p> <p>Health and Wellness Specialization</p> <p>International Baccalaureate (IB)</p> <p><b>Preparatory program</b></p>	<p><input type="checkbox"/> <b>Preparatory program</b></p>

Other school:

Confirmed school by the Bureau of International Education :



Do you plan to attend 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? ( <i>not mandatory</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a proof of this attestation.	Results from French test evaluation (level):	
First language learned at home? (mother tongue)		

PARENTS INFORMATION	
Parent 1 / Legal guardian	Parent 2 / Legal guardian
Legal last name, First name	Legal last name, First name
Address/City/Postal code OR same address as student	Address/City/Postal code OR same address as student
Preferred way of communication <input type="checkbox"/> Whatsapp <input type="checkbox"/> Email <input type="checkbox"/> Phone	Preferred way of communication <input type="checkbox"/> Whatsapp <input type="checkbox"/> Email <input type="checkbox"/> Phone
Email Address	Email Adress



Home phone number:	Home phone number:
Phone Number (Cellphone / Whatsapp)	Phone Number (Cellphone / Whatsapp)

### ACCOMODATION AND CARE

**Student will require :**

- 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 Address: _____ City: _____ Postal Code: _____		
Home phone number	Phone Number (Cellphone / Whatsapp)	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:*

Do you have any learning difficulties?

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 through the  
*Name of Student*  
school or school board.

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Signature

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