



ROTMAN ARTS & SCIENCE SCHOOL

7 Bradwick Drive, Vaughan, Ontario, L4K 2T4

INTERNATIONAL STUDENT APPLICATION FORM

Please submit a completed application to:

For Office Use Only:

File number _____

Grade _____ Date _____

Copy sent to school Date _____

PLEASE PRINT CLEARLY IN ENGLISH on the English forms. Translated brochures and application forms are provided for reference only. The Rotman Arts and Science School (RASS) always follows the policies and definitions as stated in the English version of brochures and application forms.

Date: _____

Apply for school beginning:

Applicants aged 17 or under: September November February April

Applicants aged 18 or above: September November February April

Short-term studies: September January February Summer Camp

STUDENT INFORMATION

Surname (Family Name) Given Name English Name (if applicable)

Date of Birth (Day/Month/Year) Age Gender: Female Male

Citizenship First Language Student's E-mail address

I have a sibling who is applying to/attending Rotman Arts and Science School:

Sibling's name Sibling's date of birth

PARENT INFORMATION

Father: _____
Family Name Given Name

Mother: _____
Family Name Given Name

Permanent Address (in Home Country) Street Address City

Province/State Country Postal Code Home Telephone

Cellular phone (father) Work Phone (father) E-mail address (father)

Cellular phone (mother) Work Phone (mother) E-mail address (mother)



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LIVING ARRANGEMENTS WHILE STUDYING IN CANADA

Secondary students may reside with parents, relatives, or in approved Toronto homestays only. All elementary international students must reside in Toronto with their own parent(s).

I request that homestay arrangements be made by RASS Homestay. (RASS Homestay applications received after April 1st are subject to space availability. Homestay placement is not always possible.)

or

My child will be living with the following person who is over the age of 25:

Family Name: _____ First Name: _____

Relationship to student: _____ Street: _____

City: _____ Province: ON Postal Code: _____ E-mail: _____

Phone (Home): _____ Phone (Work): _____

CUSTODIAN

International students are required to have a local custodian while in Canada, unless they are residing with their own parent(s).

I request that homestay placement be made by RASS Homestay and that the host parent acts as custodian of my child.

or

My child will be under the custodianship of the following person who is Canadian, or landed immigrant, and is over the age of 25.

Family Name: _____ First Name: _____

Relationship to student: _____ Street: _____

City: _____ Province: ON Postal Code: _____ E-mail: _____

Phone (Home): _____ Phone (Work): _____

SCHOOL PLACEMENT

In what grade are you currently enrolled? _____

What grade are you applying for? _____

Students are placed into age appropriate grades according to Canadian age-grade correlation.

EDUCATION HISTORY

Name and location of most recent schools attended:

| School | City | Country |
|--------|------|---------|
|--------|------|---------|

| From (dates attended) | To | Grades(s) Completed |
|-----------------------|----|---------------------|
|-----------------------|----|---------------------|

| School | City | Country |
|--------|------|---------|
|--------|------|---------|

| From (dates attended) | To | Grades(s) Completed |
|-----------------------|----|---------------------|
|-----------------------|----|---------------------|



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PARENT CONSENT

Immunization

I give permission for my child to receive any necessary immunization shots. Yes No

Please provide your child's immunization record, translated into English.

Field Trips

I give my child permission to attend school/international education program-sponsored field trips.

Yes No

Release of Information

I give permission for my child's name, photograph and video to be used as it relates to the production of a school play or concert, a school event or promotion of the Rotman Arts and Science School. Yes No

HEALTH INFORMATION

All students with special needs must be assessed before determining placement. The fees paid for the International Education Program include only basic health coverage.

If student is already studying in ON, please provide Care Card number _____

Does the student have any medical condition / or take any medication? Yes No

If YES, please describe:

Does the student have a perceived or documented learning disability, physical handicap, social integration difficulty, behavioural concern or history of criminal behaviour? Yes No

If YES, please describe:

SURVEY

How did you hear about the International Education Program of the Rotman Arts and Science School?

Friend/Relative Newspaper/Magazine: _____
Name Website/ Email

Rotman Arts and Science School Information Seminar: _____
City Country

Study Abroad Agency (see below):

Agent/Agency: This student's application is entirely attributable to the efforts of:

Name of Agent Agent Contact

Address of Agent City Province Country / Postal Code

Telephone Number Fax Number E-mail