



**BRANT HALDIMAND NORFOLK CATHOLIC  
DISTRICT SCHOOL BOARD**

P.O. Box 217, 322 Fairview Drive, Brantford, Ontario N3T 5M8  
Phone: 519-756-6369 – Fax: 519-756-9913

**APPLICATION FOR THE ENROLMENT OF  
AN INTERNATIONAL STUDENT**

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1990:**

Notice of Collection: In accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. This information is collected under the legal authority of Section 265(1)(d) of the Education Act, R.S.O. 1990 c. E.2 as amended, and may be used as necessary for some or all of the following principle administrative purposes related to: the Board's operation, school programs and educational services, student records, and Ministries of the Government of Ontario. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234).

**PLEASE PRINT:**

Surname		Given Names (as shown in identity documents)		Male <input type="checkbox"/>
Female <input type="checkbox"/>				
Apartment No.	Street No.	Street Name		City
Province	Country	Postal Code	Email Address	
Telephone No. (including Country code)		Date of Birth (yyyy/mm/dd)	Have you previously applied to the Brant Haldimand Norfolk Catholic District School Board? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**LANGUAGES SPOKEN:**

First Language (Mother Tongue)	<input type="checkbox"/> English	<input type="checkbox"/> Other	Please Specify:
Second Language	<input type="checkbox"/> English	<input type="checkbox"/> Other	Please Specify:

**SCHOOLS ATTENDED (list in order of latest attendance):**

School(s) Attended	Location of School	Grade Completed	Year
			From 20 ___ to 20 ___
			From 20 ___ to 20 ___

Please include any additional information that might assist us with your grade placement.

**PROGRAM REQUESTED:**

Program for which application is made (check one):  Secondary  Elementary For School Year 20 \_\_\_/20 \_\_\_

Semester #1 (September – January) 20 \_\_\_  Semester #2 (February – June) 20 \_\_\_

**HOST FAMILY:**

Name	Apartment No.	Street No.	Street Name
City	Postal Code	Telephone No.	Email Address

**CERTIFICATION:**

I hereby certify that all statements are correct and complete. I understand that any misrepresentation of this data may result in the cancellation of my admission or registration status.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_



## Brant Haldimand Norfolk Catholic District School Board

322 Fairview Drive, Brantford, Ontario N3T 5M8

519-756-6369 www.bhncdsb.ca

### Terms of Admission

1. Liturgies, para-liturgies and retreats are an integral part of the school curriculum and all students are expected to participate in them. To help fulfill the Board's objective of providing an educational atmosphere, which fosters and directs the spiritual, intellectual, aesthetic, physical and social growth of all students, I agree to take a religious education course in each year of enrolment at a Brant Haldimand Norfolk Catholic District School Board school.
2. I have enclosed a notarized translation in English of my academic documents should the original be in a language other than English.
3. I agree to maintain a current Study Permit from Immigration, Refugees and Citizenship Canada.
4. I have submitted proof of baptism in the Roman Catholic or other rites in union with the See of Rome for all elementary school applicants.
5. I have submitted copies of Custodian Declaration – Custodian and Custodianship Declaration – Parents/Guardians forms as required by Immigration, Refugees and Citizenship Canada.
6. I have acquired adequate private health insurance coverage to meet Canadian standards.
7. I agree to pay by certified cheque, bank draft, money order or money transfer, prior to registration, gross fees payable in Canadian funds to the Brant Haldimand Norfolk Catholic District School Board. Fees are subject to change without notice.
8. I agree to enclose a \$400 Canadian, non-refundable Administration Fee with this application.
9. I understand that applications for the school year (September to June) should be received before June 15 of the previous school year. Secondary school applications may be considered for Semester #2 (February) admission should they be received prior to October 15 of the previous calendar year.
10. I agree to register at the school to which I am assigned by the Brant Haldimand Norfolk Catholic District School Board the week prior to the beginning of the new school year. Late registrations will not be accepted during the first three days of the school year.

### **I, the undersigned, understand and accept the Terms for Admission into a school in the Brant Haldimand Norfolk Catholic District School Board.**

I am enclosing the following:

- Notarized translation in English of my academic documents should the originals be in a language other than English.
- Proof of baptism in the Roman Catholic or Catholic of the Greek or Ukrainian rite, or other rites in union with the See of Rome for all elementary school applicants.
- Completed International Student Application form.
- Custodial documents from parents in home county and Canadian custodian, if applicable.
- \$400 Canadian non-refundable Application Fee.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_