

INTERNATIONAL STUDENT APPLICATION FORM



St. John's-Kilmarnock School

2201 Shantz Station Road, Box 179, Breslau, Ontario, Canada N0B 1M0

Tel: (519) 648-2183 - Fax: (519) 648-2186

www.sjkschool.org

APPLICATION FOR ADMISSION—INTERNATIONAL STUDENTS

To apply to St. John's-Kilmarnock School, please read the following instructions carefully.

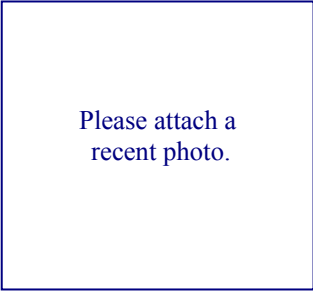
1. Please complete the Application for Admission in English and send it to the Admission Office, at St. John's-Kilmarnock School.

Teacher's Report will be sent directly to the teacher indicated in the School Information section.
2. Please include:
 - Application for Admission completed in English
 - A recent photograph
 - \$150 CAD application fee (non-refundable)
 - Certified authentic copy of birth certificate
 - Certified authentic copies of most recent report cards
 - Applicant's essay
 - Any other pertinent academic or non-academic achievements
3. The Confidential Teacher's Report is an important part of the application. Once the above information has been received by the School, a Confidential

Each year, SJK is pleased to welcome a small number of academically oriented international students with intermediate English skills. Our total registration is limited to a maximum of 22 students per class, so an early application is recommended. After January 31, remaining vacancies are filled on a rolling admission basis. The possibility of admission is greater if the application procedure is started by October for a September admission. This also allows sufficient time to obtain a Canadian study permit.
4. Once all information is received and the application is complete, it will be promptly reviewed and the applicant will be contacted regarding a decision.

PERSONAL INFORMATION

Please print or type in English



Today's date: _____

Applicant's Name _____
First Middle Family

Preferred name in Canada _____

Male Female Age _____ Date of Birth _____ Applying for Grade _____
(Mo./Day/Year)

Country of Birth _____ Citizenship _____ First Language _____

Language spoken in the home _____ Other languages spoken _____

Home address _____
Street City Province/State Country Postal Code/Zip

Home Telephone _____ Fax Number _____
(Include country, city and area codes) (Include country, city and area codes)

Email _____ Proposed Date of Entrance **September 20** _____

FAMILY INFORMATION

Parent or Guardian 1

Name _____ Occupation _____

Name of Company _____ Position _____

Home Address _____
Street City Province/State Country Postal Code/Zip

Business Address _____
Street City Province/State Country Postal Code/Zip

Home Telephone _____ Business Telephone _____
(Include country, city and area codes) (Include country, city and area codes)

Fax Number _____ E-mail _____
(Include country, city and area codes)

Parent or Guardian 2

Name _____ Occupation _____

Name of Company _____ Position _____

Home Address _____
Street City Province/State Country Postal Code/Zip

Business Address _____
Street City Province/State Country Postal Code/Zip

Home Telephone _____ Business Telephone _____
(Include country, city and area codes) (Include country, city and area codes)

Fax Number _____ E-mail _____
(Include country, city and area codes)

Applicant lives with: Father Mother Both Other guardian _____

Address where communication should be sent: Same as home address above OR

Street City Province/State Country Postal Code/Zip

Information about brothers and sisters (use additional sheets if necessary)

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Nearest relative or friend to contact in case of emergency, if parent or legal guardian is not accessible.

Name _____ Phone _____ Relationship _____

Please list anyone you know who has attended SJK _____ Year _____

How would you describe yourself in terms of religion? _____ Year _____

Not religious

Somewhat religious

Very religious

SCHOOL INFORMATION

Name of present school _____ Dates of Attendance _____

Complete Mailing Address (necessary in order to complete the Confidential Teacher Report)

Street _____ City _____ Province/State _____ Country _____ Postal Code/Zip _____

Name of teacher to whom the report should be sent: _____ Tel. _____

Fax _____ Email _____

How do you know this teacher? _____

What subject did s/he teach you? _____ How long have you known this teacher? _____

When was this person your teacher? _____

Other schools attended in the past three years:

School Name _____ Year _____

Address _____
Street _____ City _____ Province/State _____ Country _____ Postal Code/Zip _____

School Name _____ Year _____

Address _____
Street _____ City _____ Province/State _____ Country _____ Postal Code/Zip _____

SCHOOL INFORMATION

To the Applicant:

Please read and sign the statement below. The Confidential Teacher's Report is an important part of the application for admission. Once the waiver has been signed, a Confidential Teacher's Report will be sent directly to the teacher indicated above.

I waive my right of access to this Confidential Report of the Principal/Head/Counsellor/Teacher.

Name of Student _____ Applying for Grade _____

Signature _____ Date _____

To the Parent/Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the Confidential Recommendation and the school report for the student listed above. Please have grade reports, attendance records, and standardized tests scores forwarded to St. John's-Kilmarnock School.

Name of Parent or Guardian _____

Signature _____ Date _____

PLEASE ANSWER THE FOLLOWING QUESTIONS.

What post-secondary plans do you have? Be as specific as possible. _____

How did you learn about SJK? _____

List any awards or honours you received in the past two years. _____

List any leadership positions you have held in your school or community. _____

Describe your level of interest and participation in athletics and/or in the visual and performing arts. _____

Describe your level of interest and participation in hobbies, activities and groups not associated with school.

HEALTH

Indicate with an X if you currently have or have had any of the following:

Allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Learning Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Psychological Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Physical Handicap	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
			Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>			

Other _____
Please indicate anything serious enough to warrant regular treatment or require special consideration.

Do you have or have you had any medical conditions which might affect your ability to participate in life in Canada?

Are you currently taking any medications? _____

If yes, please explain. _____

APPLICANT'S ESSAY

On a separate sheet of paper, please write an essay to support your application. This essay may be written ONLY with the help of a dictionary. No other assistance may be given when writing the essay. Remember to identify the essay with your name. Please incorporate the three items below:

1. Facts about your education including your feelings about yourself as a person; strengths, area(s) where improvement is needed, etc.
2. Why you want to come to SJK and what you feel you can contribute to the school.
3. Extracurricular interests, hobbies and sports; indicating those you would like to pursue at SJK.

When the application is complete, please forward to:

Admission Office
St. John's-Kilmarnock School
2201 Shantz Station Road, Box 179
Breslau, Ontario, CANADA
N0B 1M0

Telephone: (519)-648-2183
Fax: (519)-648-2186
Website: www.sjkschool.org
Email: admission@sjkschool.org