



VICTORIA PARK COLLEGIATE INSTITUTE



GRADE NINE IB@VP PREPARATORY APPLICATION PROCEDURES AND FORMS

Victoria Park Collegiate Institute
15 Wallingford Road
Toronto, Ontario, M3A 2V1
(416) 395-3310



VICTORIA PARK COLLEGIATE INSTITUTE
International Baccalaureate Program:
VP IB Preparatory



APPLICATION PROCEDURES FOR ENTRY TO GRADE 9

1. Check our web site www.victoriaparkci.ca for info on our programme
2. Go online at www.victoriaparkci.ca to register for the Mathematics Entrance Test AFTER Nov 16th
3. Bring Student Application Essay* (details below) and copies of Grade 7 Final and Grade 8 Interim Report Cards to the Mathematics Entrance Test to be held on Tuesday, November 29th in the school cafeteria
(NO other paperwork is required at the Math test)
4. Students who do not write the Math Test will not be eligible to apply for Grade 9

Student Application Essay*

The International Baccalaureate Diploma Programme (IBDP) requires that students be involved in extra-curricular self-improvement and community service activities (CAS), prepare a 4,000 word university-style research essay (Extended Essay) and study a course in the Theory of Knowledge. Please consult ibo.org for details on all of the above.

The Student Application Essay is an essay of 400-500 words maximum, which articulates the reasons why a student applicant believes that he or she is suited for the IBDP. The [IB Learner Profile](#) highlights the overall expectations for students in IB, and several attributes from it (3 or more) must be referenced in the essay, with examples. It may be typed or **neatly** handwritten. **Please ensure that the applicant's name appears as 'Last, First' followed by the TDSB student number (if applicable) in the upper right corner of the essay paper. No cover pages please.**

UPON COMPLETION OF THE MATH TEST AND SUBMISSION OF THE ESSAY AND REPORT CARD COPIES, QUALIFIED APPLICANTS WILL BE CONTACTED VIA EMAIL TO CALL AND BOOK AN INTERVIEW. ENSURE PARENT E-MAIL ADDRESS IS CORRECT IN REGISTERING ON-LINE FOR THE MATH TEST.

ITEMS TO BRING TO THE INTERVIEW (if contacted after the Math Test)- all forms should be completed in pen

1. Completed "Student Registration Form- IB@VP Prep" (*print back to back if possible*)
2. Completed "Grade Nine Course Selection Form – 2017/2018" (*please consult the IB@VP Prep Calendar for choices*)
3. Completed "Optional Attendance Form" (*must be signed by your son's/daughter's principal, a requirement for ALL applicants regardless of where they live*)
4. One of the following to confirm student's legal name, residency status, date of birth, country of birth, date of arrival in Canada (if not born in Canada). Examples are: Acknowledgment of Refugee Claim, Birth Certificate (if born in Canada)(no Canadian passports please since they expire), Citizenship Card or Certificate)(no Canadian passports please since they expire), Confirmation of Permanent Residence, Consideration of Eligibility, Notice of Decision Letter, Permanent Residence Card (both sides required), Record of Landing
(*a photocopy is acceptable if legible*)
5. Proof of residency (*a photocopy of parent's driver's license AND a photocopy of a utility bill or property tax bill/lease*)
6. Immunization papers (*photocopy*) (*only required if student is from a school outside of TDSB*)
7. *If you have been IPRC'd, please bring a photocopy of your most recent I.E.P. and I.P.R.C. Decision Sheet*

***** PARENT MUST ACCOMPANY STUDENT TO THE INTERVIEW*****

To be completed for ALL students:

Country of Citizenship: _____ Province of Birth: _____
 (If born in Canada)

Languages Spoken (if other than English):

1) _____ First Language Spoken at Home
 2) _____ First Language Spoken at Home

EDUCATIONAL BACKGROUND

Has the student ever been registered at a school within the Toronto District School Board? Yes No

If Yes, provide the name of the school: _____ Last grade attended _____

Please provide the name of the school most recently attended: _____

School Address _____ School Phone: _____ - _____ - _____

_____ School Fax Number: _____ - _____ - _____

_____ School E-mail: _____

Name of the School Board: _____

Has the student previously received Special Education Support? Yes No

Type of program (if known): _____

Is the student **currently** under **suspension** from any school or board? Yes No

Is the student **currently** under **expulsion** from any school or board? Yes No

FOR SECONDARY SCHOOL USE ONLY:

Proof of Literacy Test Result Received:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transcript Attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First Entered ONT Sec. Schools after Grade 9:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cohort Year:	_____ (school year)	

Previous Community Service Hours completed outside Toronto District School Board: _____ hours

Grade 10 Literacy Test successfully completed (Please provide proof of results) Yes No

MEDICAL INFORMATION

Proof of Immunization Record Shown	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Health Card No. _____ (Version No.) (optional but recommended)

Medical Conditions:

If your child has medical needs or conditions of which the school should be aware, please describe the condition(s) below:

_____	Life Threatening
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

SIBLING INFORMATION: (if the student has brothers or sisters in this school, please indicate)

Last Name	First Name
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1) _____

2) _____

ABORIGINAL STUDENT SELF-IDENTIFICATION:

All parents/guardians of Aboriginal students, and students where they are 18 years of age or older, have the right to voluntarily self-identify. Please check the most appropriate box to indicate Aboriginal Identity (if applicable). Please select one box only.

<input type="checkbox"/> First Nation Ancestry (Status or non-Status)	<input type="checkbox"/> Aboriginal person from outside Canada
<input type="checkbox"/> Metis Ancestry <input type="checkbox"/> Inuit Ancestry	<input type="checkbox"/> Other (please specify): _____

PARENTS OR LEGAL GUARDIAN INFORMATION ONLY

If Parents are separated or divorced they must provide the school with information about the custody/access arrangements with respect to their child, as per the Ontario Student Record Guidelines.
 Documentation Received: Yes No Not Applicable

Contact priority should be based on whom to call in the case of an emergency and/or school closure
*Note: If e-mail address is provided, the school **may** use it for contact purposes.*

1) Last Name _____ First Name _____ Preferred 1st name _____

(Please check all applicable boxes.) Male Female

Legal documents (custody order) are required in order for us to process a change to our records.

Relationship: Access to Child Guardian Lives with Student Access to Records
 Mother No Access Custody Receives Mail Speaks School Language
 Father
 Foster Parent
 Legal Guardian (Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home No. _____ - _____ - _____ Listed: Yes No

Business No. _____ - _____ - _____ ext. _____ Cell No. _____ - _____ - _____

E-mail Address* _____
 Consent for emails for a commercial nature** _____ (Initial) [if you do not consent, please leave blank]

Home Mailing Address (complete if different from student)

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

2) Last Name _____ First Name _____ Preferred 1st name _____

(Please check all applicable boxes.) Male Female

Legal documents (custody order) are required in order for us to process a change to our records.

Relationship: Access to Child Guardian Lives with Student Access to Records
 Mother No Access Custody Receives Mail Speaks School Language
 Father
 Foster Parent
 Legal Guardian (Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home Phone _____ - _____ - _____ Listed: Yes No

Business No. _____ - _____ - _____ ext. _____ Cell No. _____ - _____ - _____

E-mail Address* _____
 Consent for emails for a commercial nature** _____ (Initial) [if you do not consent, please leave blank]

Home Mailing Address (complete if different from student)

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

EMERGENCY CONTACT INFORMATION

If a parent/guardian cannot be contacted use the following emergency contact:

1) Last Name _____ First Name _____ Preferred 1st name _____
 Male Female Relationship to student: _____
 (Circle below, 1 = high, 4 = low) Lives with student? Yes ___ No ___
 For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4
 Home Phone _____ - _____ - _____
 Cell No. _____ - _____ - _____ Business No. _____ - _____ - _____ ext. _____

2) Last Name _____ First Name _____ Preferred 1st name _____
 Male Female Relationship to student/comment: _____
 (Circle below, 1 = high, 4 = low) Lives with student? Yes ___ No ___
 For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4
 Home Phone _____ - _____ - _____
 Cell No. _____ - _____ - _____ Business No. _____ - _____ - _____ ext. _____

ADDITIONAL STUDENT INFORMATION: (if required for school)

For Funding Purposes

Fees Required if: (Approved by TDSB Admissions Office)

- Student is a non-resident pupil on a Study Permit.
- Student is a Visitor to Canada
- Fees are paid by the Government of Canada
- Fees are paid by a Native Education Authority

If uncertain, please consult or refer parent/guardian to the Toronto District School Board Admission Office, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, or call (416) 395-8120.

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

 Signature of Parent/Legal Guardian

Date: / /
y y y y / m m d d

Personal information on this form is collected under the authority of the *Education Act*, R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network and for school registration purposes. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information is updated annually. Questions about this collection should be directed to the F.O.I. Coordinator at the Toronto District School Board, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, Tel. (416)397-3288.

*Email address will be used to provide information such as student progress and information nights and information from Board officials or the Board of Trustees that relate to the education of students or operation of schools.
 **Email address will also be used to provide information of a commercial nature. Canada's new Anti-Spam Legislation (CASL) took effect on July 1, 2014. CASL prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first. As a result, Toronto District School Board requires your consent to send you emails which contain advertising or promotions regarding school fundraisers, lunch programs, field trips, the sale of yearbooks, purchasing of student photos, books, prom or dance tickets, athletic events with an entry fee or similar events and offers.



Optional Attendance Form

Application for a Secondary Program at a School Outside the Resident Area

(Includes Grade 9 program at Intermediate Schools)

Date: _____

545B

Rev. June 2016

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Name of Requested Secondary School: <input type="text" value="VICTORIA PARK C.I."/>	Requested Start Date: Tuesday, September 5, 2017	
	For Grade : VP IB Prep	Number of Credits presently earned:
Home or Sending School: <input type="text"/>	Does a sibling presently attend the requested school? Yes/No	
If YES: Name of Sibling _____		

Parents please note: Transportation is not provided for Optional Attendance Students

Applicant's Information:

Student's Surname: _____ Given Names: _____ Birthdate: _____ (DD/MM/YY)

Student's Address: _____ Apt. # _____ Postal Code: _____

Telephone: _____ Present Grade/Class: _____ Student School I.D. Number: _____

Female Male Is the applicant under **Optional Attendance** at the present school? Yes/No

Parent/Guardian Information:

Parent/Guardian's Name: _____ Business Phone Number: _____

Applicant With Child: Child Care Information (Not applicable to all applicants)

If the Applicant's child receives Day Care, please indicate:

Name of Day Care: _____ Telephone of Day Care: _____

Address of Day Care: _____

Secondary Program Applications:

Specialized Programs/ Schools	Regular Programs/ Schools
1.	1.
2.	2.

Reasons for Applying/Other Considerations:

Conditions on the reverse of this form have been read and agreed to:

Parent/Guardian **Signature:** _____ Student **Signature** (18 years of age or older): _____

Current School Principal (or Designate) **Signature:** _____ Date: _____

For Office Use Only: Requested School's Decision: Accepted Not Accepted

Signature of Requested School Principal: _____ Date: _____

Distribution:	1 copy: To Parent/Guardian when decision is made
	1 copy: To TDSB Home or Sending School

Please Note the Following:

- 1) Priority of placement in the requested school will be based on a lottery if applications exceed the space available at the requested school.
- 2) If admitted, a student is expected to continue at the requested school until graduation.

IMPORTANT DATES FOR THE SCHOOL YEAR BEGINNING SEPTEMBER 2017

- (a) Applications must be received by **Friday, 3 February 2017**.
- (b) A lottery, if necessary, will be held **to determine the successful applicants**.
- (c) Parents/guardians or students 18 years of age or older will be informed of acceptance or non-acceptance prior to **Friday, 17 February 2017**.
- (d) Parents/guardians or students 18 years of age or older must confirm the offer of admission by completing a course selection sheet by **Friday, 3 March 2017**.
- (e) No student will be admitted into a junior high level for grade 9 and at all secondary grade levels through optional attendance after **Friday, 3 March 2017** unless the student does not have a timetable at another school.

Note: It is the parent/guardian's responsibility to deliver this application to the school or schools of choice.

Notice of Collection

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act 1989, this is to advise you that the information you have provided is collected under the legal authority of the Education Act, R.S.O. 1980, Chapter 314, as amended, its regulations and memoranda, and Sections 117, 118 and 119 of the Municipality of Metropolitan Toronto Act, R.S.O. 1980, Chapter 314, as amended, and may be used as necessary in the normal operation of the Board of Education and its constituent parts. Information would be released only under proper authorization.

Victoria Park Collegiate Institute
Grade Nine Course Selection Form - 2017/2018

IB@VP PREPARATORY PROGRAM

STUDENT: _____ **PRESENT SCHOOL:** _____

PARENT/GUARDIAN SIGNATURE: _____ **TDSB STUDENT NUMBER:** _____

The International Baccalaureate program provides highly motivated students with an opportunity to earn the "International Baccalaureate Diploma" which is recognized by universities throughout the world.

Part A: (5 courses)

IB@VP Prep. Program
(compulsory)

INCLUDES:

ENGLISH - ENG1D7	FRENCH - FSF1D7
MATHEMATICS - MPM1D7	SCIENCE - SNC1D7
GEOGRAPHY OF CANADA - CGC1D7	

Part B: (1 course)

Please choose your physical education course by shading the appropriate bubble.

HEALTHY ACTIVE LIVING (compulsory)	Choose one of:	<input type="radio"/> PPL1OF	Open - Female
		<input type="radio"/> PPL1OM	Open - Male

Part C: (1 course)

From the following list of art courses, choose ONE (with a **check mark** ✓).

			Instrument played	
INSTRUMENTAL MUSIC (BAND)	AMI1O1	_____	_____	Previous experience is required for Music courses
INSTRUMENTAL MUSIC (STRINGS)	AMS1O1	_____	_____	
DRAMATIC ARTS	ADA1O1	_____		
VISUAL ARTS	NAC1O1	_____		

COURSE CODE FOR YOUR SECOND CHOICE _____

Part D: (1 course)

Please choose your subject by shading ONE of the following bubbles.

1) INTRODUCTION TO COMPUTER STUDIES-IB@VP Prep (Students who wish to take ICS3U7-Computer Studies as their optional subject in Gr. 10 <u>must</u> choose this course. CIVICS and CAREER STUDIES may be taken in Summer School or in Grade 10 in place of ICS3U7)	<input type="radio"/> ICS2O7	Open
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OR

2) CIVICS and CAREER STUDIES, (compulsory Gr. 10 subjects offered to Gr. 9 IB@VP Prep students only)	<input type="radio"/> CHV2O1/ GLC2O1	Open
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