



# VICTORIA PARK COLLEGIATE INSTITUTE



## GRADE TEN 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 10

1. Check our web site [www.victoriaparkci.ca](http://www.victoriaparkci.ca) for info on our programme
2. Call our Guidance office at 416-395-3310, Ext. 20040 or 20041 to set up an interview appointment. We will require an e-mail address and parent's daytime phone number at this time
3. E-mail or bring the Student Application Essay\* (details below) and copies of Grade 8 Final and Grade 9 Mid-term Report Cards to the Guidance office by Friday, January 26/18 (if the e-mail option is chosen, please call to request the Guidance Office Assistant's e-mail address). *NO other paperwork is required at this time*
4. No math test is required for entry to Grade 10

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. The [IB Learner Profile](#) highlights the overall expectations for students in IB. Please consult [ibo.org](http://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. Choose 3-4 attributes from the IB Learner Profile to discuss in your essay. The essay 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.**

**ITEMS TO BRING TO THE INTERVIEW- all forms should be completed in pen**

1. **Completed "Student Registration Form-VP IB Prep"** (see our web site – print back to back if possible, found under IB Admission Information/IB Application Procedures and Forms)
2. **Completed "Optional Attendance Form"** (must be signed by your son's/daughter's principal, a requirement for ALL applicants regardless of where they live) (see our web site – found under IB Admission Information/IB Application Procedures and Forms)
3. **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 (both sides)(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)
4. **Proof of residency** (photocopy of parent's driver's license AND a utility bill or property tax bill/lease)
5. **Immunization papers** (photocopy) (only required if student is from a school outside of TDSB)
6. **If you have been IPRC'd, please bring a photocopy of your most recent I.E.P. and I.P.R.C. Decision Sheet**
7. **Note: you will receive and complete at the interview appointment – Grade Ten Course Selection Form – 2018/2019**

*En l'entretemps, pratiquez bien le français orale pour discuter ton famille, tes routines quotidiennes et tes activités préférées (passe-temps) lors de l'entrevue.*

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

Please arrive 10-15 minutes before your appointment time.



**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  No

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:

_____	<b>Life Threatening</b>
_____	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:    /   /     
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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)

1 Civic Centre Court, 1st Floor, Fax: 416-394-4970, Attention: Program Coordinator - Guidance, Career & Adolescent Development

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

<b>Name of Requested Secondary School:</b> <input type="text" value="VICTORIA PARK C.I."/>	Requested Start Date: SEPTEMBER 4, 2018	
	For Grade : ___IB Prep	Number of Credits presently earned:
<b>Home or Sending School:</b> <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: \_\_\_\_\_ Day Time 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 SCHOOL ADMISSION BEGINNING SEPTEMBER 2018**

- (a) Applications must be received by **Friday, 2 February 2018**.
- (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, 16 February 2018**.
- (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, 2 March 2018**.
- (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, 2 March 2018** 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 Ten Course Selection Form – 2018-2019**

**INTERNATIONAL BACCALAUREATE PREPARATION PROGRAM**

NAME: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

PRESENT SCHOOL: \_\_\_\_\_

**Compulsory Courses**

ENG2D7 - English

MPM2D7 - Mathematics

CHC2D7 - Canadian History

FSF2D7 - French

SNC2D7 - Science

FSF3U7 - French

**Canadian and World Studies (Choose one)**

CGF3M7 – Physical Geography

CIE3M7 - Individual & the Economy

**Elective (Choose one)**

CHV/GLC2O1 - Civics/Career Studies (must be taken in summer school if not chosen)

ADA2O1 – Dramatic Arts

AWQ2O1 – Photography

AVI2O1 – Visual Arts

ATC2O1 – Dance

AMG2O1 – Guitar

AMK2O1 – Keyboards

AMI2O1 – Band (prerequisite AMI1O1)

AMS2O1 – Strings (prerequisite AMS1O1)

BB12O1 – Introduction to Business

CLU3M1 – Law

PAF2OF/M – Personal Fitness (Female/Male)

HZB3M1 – Philosophy

PAQ2O1 – Aquatics (Co-Ed)

PPL2OF/M – Physical Education (Healthy Active Living – Female/Male)

**1st Choice:** \_\_\_\_\_

**2nd Choice:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_