



**Brantford Collegiate Institute
Wilfrid Laurier University Program Application**



PRINT CLEARLY

First Name: _____ Middle Name: _____

Legal Surname: _____ Gender: M ____ F ____

Address: _____ City: _____

Postal Code: _____ Hm. Phone # _____

Parent/Guardian Email: _____

Elementary School: _____

Grade 8 Teacher: _____ Principal: _____

Application Check List:

- | | |
|---|---|
| <input type="checkbox"/> Grade 9 Course Selection Sheet | <input type="checkbox"/> Freedom of Information Waiver |
| <input type="checkbox"/> Applicant Letter (typewritten) | <input type="checkbox"/> Two Reference Letters (Other than Relatives) |

Freedom of Information Waiver

I give permission to my child’s elementary school teacher(s), others providing references, and the Brantford Collegiate Institute – Wilfrid Laurier University Program’s selection committee to exchange information relevant to this application.

Student Name: _____

Signature of Parent/Guardian: _____

Application Deadline

To guarantee consideration for the program, all materials must be submitted to the “BCI Feeder School” grade 8 teacher, OR Brantford Collegiate-Main Office by **3:30 p.m. on Wednesday, February 1, 2012**. Please place all materials in a 9 x 12 envelope, with **BCI / Wilfrid Laurier Program** written on the front.

****LATE APPLICATIONS WILL NOT BE CONSIDERED!****

Applicant Letter

In approximately 200-250 words, type your response to the following questions:

- Why are you applying to the BCI/Laurier Program?
- What strengths can you bring to the program?
- Please describe a situation (at school or elsewhere) in which you took a leadership role.
- How will being in this program assist you in reaching your education goals?

Expectations of Applicant

- You have strong academic ability, and have a grade 8 overall average of 80% or more with no failures.
- You have a high motivation to learn.
- You are self-disciplined and have good work habits.

Program Requirements (Gr. 9 – 12)

- In order to achieve the BCI/Laurier Program Certificate upon graduation, students must complete all “Laurier Program” courses offered as part of the curriculum programming.
- It is expected that students will maintain a 75% average with no failures during each year of the program.

Selection Process

- Submission of an application does not guarantee acceptance into the program.
- A committee will select students for the program.
- Admission will be based on the degree to which the Selection Committee believes the program will meet the academic needs of the applicant.
(Please note: Admission will also be determined by enrolment, number of classes provided based on staffing and allowable class size.)

Please Note

Once an applicant has applied to the BCI/Laurier Program, the grade 8 teacher will be contacted by email to provide a confidential assessment of the student applicant's:

* Basic Academic Skills

* Learning Skills and Aptitudes

* Program Skills and Aptitudes

* Social Skills and Work Habits

In addition, grade 8 teachers will also be provided with the opportunity to give anecdotal information they believe may be useful in the Selection Committee's assessment of the applicant.

Students applying from outside the BCI area must complete a Registration form and submit it with your package.



GRAND ERIE DISTRICT SCHOOL BOARD STUDENT REGISTRATION FORM — SECONDARY

SCHOOL _____	DATE OF ENROLMENT AT SCHOOL	SCHOOL YEAR
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USE OF INFORMATION

1. The *Education Act* authorizes the Grand Erie District School Board to collect information contained in this section of the Registration Form about each student registering in its schools. The information will be used to establish an Office Index Card (if one does not exist) and to establish or request transfer of the Ontario Student Record (OSR) for the student. Users of this information are supervisory officers, the principal and teachers at the school.
2. Each parent/guardian of a student who is under 18 years of age and each student is entitled to see and have copies of materials maintained in the student's OSR. This can be done by appointment during normal business hours at the school.
3. Please advise the principal, in writing, if you wish the student to be called by other than his/her legal surname.
4. As authorized by Ontario School Information System (ONSIS) and Managing Information for Student Achievement (MISA), your child's standardized test scores, test and exam marks, and other relevant information will be placed in a database. The purpose of this application is to gather and centralize more accurate and reliable data to be used by your child's teacher(s) and other authorized Grand Erie DSB staff to assist your child in his/her educational experience, and to increase both provincial and local capacity to use data and information for evidence-informed decision-making to improve student achievement. In keeping with the Ministry of Education's focus on the kindergarten to grade 12 educational continuum, relevant student data related to achievement will be shared between the elementary and secondary panels for purposes of informing instructional practice such that teachers in elementary feeder schools will be informed of achievement benchmarks (for example, grade 9 EQAO, the grade 10 literacy test, and credit accumulation) of students who attended their schools.
5. Some information contained on this Registration Form will be shared with the Medical Officer of Health as outlined in the *Education Act* and the *Immunization of School Pupils Act*.
6. Personal information obtained through video surveillance either in Board buildings or on transportation vehicles contracted by the Board is collected under the authority of the Education Act and will be used for the purpose of monitoring the behaviour of students, for safety reasons, to prevent acts of vandalism, and to aid in the identification of persons breaking the law. Users of this information, when appropriate and necessary, are: in school buildings and on school transportation vehicles — the Principal of the School, and the relevant student and parent/guardian; on school transportation vehicles — the driver and the Supervisor of Transportation. Questions about the collection of any personal information on this form should be directed to the principal of the school.
7. All personal information collected regarding your child is protected under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

PLEASE NOTIFY THE SCHOOL PROMPTLY IF ANY OF THIS INFORMATION CHANGES.

STUDENT INFORMATION

Surname	First Name	Middle Name(s)
Legal Surname	Usual Name	
Birth Date: Month Day Year	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Grade
Citizenship Verification: Canadian Birth Certificate <input type="checkbox"/> Canadian Citizenship Card <input type="checkbox"/>	Specify Other	Year of Entry _____ <small style="text-align: right;">mm/dd/yyyy</small>
Medical Conditions or Health Information (Allergies, Medication, Health Problems, Restricted Activities)		

STUDENT RESIDENCE INFORMATION (Please fill in as many boxes as you know)

ADDRESS	House or 911 No.	Apt./Unit#	Street or Road Name		
Phone No. (incl area code) ()	Postal Code	R.R.#	P.O. Box	City/Town	County

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/>	FATHER/GUARDIAN FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/>
Name	Name
Address <small>(if different than above)</small>	Address <small>(if different than above)</small>
Telephone <small>(if different than above)</small>	Telephone <small>(if different than above)</small>
Workplace Telephone	Workplace Telephone
Special Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>	Custodian: _____ Lives With: _____
Source of Verification of Custody/Guardianship/Access Provisions <small>(copy of legal documentation must be filed in OSR):</small>	

PREVIOUS SCHOOL INFORMATION

School	Grade/Placement
Are you currently expelled from your previous school? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Date _____
Signature of Parents/Guardians (for student under 18) **OR** Signature of Student (18 years of age or older) _____
(over)

OTHER INFORMATION

Does the student: walk <input type="checkbox"/> or take the bus <input type="checkbox"/> to school? (Must be eligible for transportation.)						
Status in Ontario	Canadian Citizen <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Reserve Land Resident:	Six Nations New Credit <input type="checkbox"/>	Student Visa (International Student) <input type="checkbox"/>
	First Language:			Country/Province of Origin:		
Aboriginal Self Identification (please check one if applicable):				Reporting this information is voluntary		
<input type="checkbox"/> First Nation (normally living on reserve)		<input type="checkbox"/> First Nation (normally living off reserve)		<input type="checkbox"/> Métis		<input type="checkbox"/> Inuit

Parent/Guardian:	Cell No.	Pager No.	Email:
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I give permission for information noted in this section to be used for school office and statistical purposes.

_____	_____
Date	Signature of Parent/Guardian (for student under 18) OR Signature of Student (18 years of age or older)

For Students Residing on Either the Six Nations of the Grand River or New Credit Reserves:

I give permission for statistical information (e.g. name, student identifier, DOB, grade, transportation, etc) to be provided to Indian and Northern Affairs Canada, Ontario Region, in order to fulfill agreements with the respective Bands.

_____	_____
Date	Signature of Parent/Guardian (for student under 18) OR Signature of Student (18 years of age or older)

EMERGENCY INFORMATION

Family Physician	Telephone
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EMERGENCY CONTACT

Name	Telephone No.	“✓” if Unlisted	Relationship (if applicable)

❶ I have obtained the consent of the person(s) listed above (if other than parent/guardian) to have the name and telephone number used for emergency purposes.

_____	_____
Date	Signature of Parent/Guardian (for student under 18) OR Signature of Student (18 years of age or older)

❷ In the case of school closing or school buses being released early, I give my permission for the school to release my child.

_____	_____
Date	Signature of Parent/Guardian (for student under 18)

❸ I give permission for information noted in this section to be used for emergency purposes and I authorize school staff to act on behalf of the well being of my child in emergencies when I am not available.

_____	_____
Date	Signature of Parent/Guardian (for student under 18) OR Signature of Student (18 years of age or older)

In accordance with the Municipal Freedom of Information and Protection Act, I have read the Freedom of Information (FOI) Parent Information Sheet provided by Grand Erie District School Board related to the use of a students’ personal information. I give permission and indicate **YES** to the use and/or disclosure of this information for the purposes outlined in the Parent Information Sheet.

_____	_____
Date	Signature of Parent/Guardian (for student under 18) OR Signature of Student (18 years of age or older)



BRANTFORD COLLEGIATE INSTITUTE & V.S. - 2012-13 COURSE SELECTION SHEET



Please select courses under the Program for which you are applying.

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FRENCH IMMERSION/ LAURIER APPLICANTS

COURSE/LEVEL	CODE	
English-Academic	ENG1DL	X



French Imm.- Academic	FIF1D	X
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Geography-Academic	CGC1DL	X
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Math-Academic	MPM1D	
Math-Applied	MFM1P	



Phys.Ed. Female	PPL1OF	
Phys.Ed. Male	PPL1OM	



Science-Academic	SNC1DL	X
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Electives: Select 4 courses in order of preference (1-4).

Computer Applications	BTT1O	
Drama (French Imm.)	ADA1OF	2
Exploring Technologies	TIJ1O	
Express. Aborig. Culture	NAC1O	
Individual & Family Living	HIF1O	
Instrumental Music	AMI1O	
Laurier Focus	ADC1OL	1
Visual Arts	AVI1O	
Vocal Music	AMV1O	

LAURIER APPLICANTS

COURSE/LEVEL	CODE	
English-Academic	ENG1DL	X



French- Academic	FSF1D	
French-Applied	FSF1P	



Geography-Academic	CGC1DL	X
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Math-Academic	MPM1D	
Math-Applied	MFM1P	



Phys.Ed. Female	PPL1OF	
Phys.E Male	PPL1OM	



Science-Academic	SNC1DL	X
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Electives: Select 4 courses in order of preference (1-4).

Computer Applications	BTT1O	
Exploring Technologies	TIJ1O	
Express. Aborig. Culture	NAC1O	
Individual & Family Living	HIF1O	
Instrumental Music	AMI1O	
Laurier Focus	ADC1OL	1
Visual Arts	AVI1O	
Vocal Music	AMV1O	

Elementary School: _____

Surname: _____

Given Name: _____

Middle: _____

Please check the program for which your are applying:

French Immersion Laurier Program

Laurier Program

Required Signatures:

Student: _____

Parent/Guardian: _____

Gr. 8 Teacher: _____

Does this student have an I.E.P.?

Principal: _____