

# La Citadelle



International Academy  
of Arts & Science



## APPLICATION FOR ADMISSION

**Applicant Name:** \_\_\_\_\_

**Applying to Grade:** \_\_\_\_\_ **Applying for Academic Year:** \_\_\_\_\_

**Start Date (if applying for mid-year entry):** \_\_\_\_\_

### APPLICATION CHECKLIST

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Completed & Signed Application Form | <input type="checkbox"/> Copy of 2 most recent Report Cards            | <input type="checkbox"/> SSAT Testing(may be required)                               |
| <input type="checkbox"/> Copy of Proof of Age document       | <input type="checkbox"/> Transcript (Secondary School Applicants Only) | <input type="checkbox"/> English Proficiency Testing (International Applicants Only) |
| <input type="checkbox"/> Completed Health Form               | <input type="checkbox"/> Current Photo (headshot only)                 |  |
| <input type="checkbox"/> Copy of Health Card & Immunization  | <input type="checkbox"/> Referral Letter (may be required)             | <input type="checkbox"/> \$200.00 Application Fee                                    |

*“At La Citadelle, **Excellence, Compassion, Discipline, Achievement, Respect, and Harmony** are the foundation of our Excellence in Education.”*

*Founded September 2000*

**La Citadelle is ...**

- ... **empowering** students to become confident contributors to global society.
- ... **challenging** students to build within themselves the foundations for life-long learning.
- ... **inspiring** students to achieve their highest potential and attain their future goals.
- ... **nurturing** student curiosity within a cooperative community of academic and holistic learning.

**SECTION 1: STUDENT PERSONAL INFORMATION**

Applying for Academic Year: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_ Application Date: \_\_\_\_\_

Legal Surname/Family Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female Health Card Number: \_\_\_\_\_  
yy mm dd

Student's Status in Canada: Are you a Canadian Citizen? Yes No  
Are you a Permanent Resident? \* Yes No  
Are you a Foreign Student? \*\* Yes No Country of Origin: \_\_\_\_\_

\* If you answered yes, you must include a copy of your Permanent Resident Card with the application  
\*\* If you answered yes, you must include a copy of your Student Visa with the application

Language Spoken: English: \_\_\_\_\_ French: \_\_\_\_\_ Other: \_\_\_\_\_ First language spoken: \_\_\_\_\_  
(Please specify)

Home or Permanent Address: \_\_\_\_\_  
Street Number Street Name Unit Number  
City Province Postal Code

**SECTION 2: PARENT AND/OR GUARDIAN INFORMATION**

Student Resides with: Both Parents Mother Father Other:

**Mother:** \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Home or Permanent Address: \_\_\_\_\_  
(if different from above) Street Number Street Name Unit Number  
City Province Postal Code

**Father:** \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Home or Permanent Address: \_\_\_\_\_  
(if different from above) Street Number Street Name Unit Number  
City Province Postal Code

**Guardian:** \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Home or Permanent Address: \_\_\_\_\_  
(if different from above) Street Number Street Name Unit Number  
City Province Postal Code

**SECTION 3: ACADEMIC HISTORY**

**Previous Schools:**

School Name	Grade(s) Attended	# Years at the School	Type of School (Private, Public, Catholic, etc.)

**Secondary School Courses Currently Enrolled in:**

Course Name	Course Code	Full Year Course	Semester Course	Mark to Date

**SECTION 4: GENERAL INFORMATION**

Who is authorized to pick up the child? \_\_\_\_\_

Who is legally authorized to make decisions regarding the child? \_\_\_\_\_

Correspondence should be sent to: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

**Sibling Information:**

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

**Hobbies & Special Interests:**

List hobbies or recreational activities, such as music, arts and sports. Indicate student's familiarity with information technology

In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, you are hereby notified that the personal information relating to you and your child is being collected for the proper administration of La Citadelle International Academy of Arts & Science only.

I/we hereby certify that all statements on the application and in any material filed in support hereof are true, correct and complete and all material information has been disclosed. In consideration of the acceptance of this application for admission, I/we agree to adhere to the code of behaviour, rules and regulations governing the school and to promptly pay fees and disbursements in accordance with the school guidelines outlined in Registration/Form S.

Date: \_\_\_\_\_ & \_\_\_\_\_  
Father's/Guardian's signature Mother's/Guardian's signature

**SECTION 5: APPLICANT QUESTIONNAIRE** (to be completed by students applying to Grade 4 and above)

What school are you currently attending and what are some of the things you enjoy about your school?

Are there any aspects of your current school that you would like to improve upon and, if so, what changes would you make?

What are some of the school activities that you enjoy participating in (sports teams, music programs, volunteering, Student Council)?

Have you ever studied French? If so, describe your level of knowledge in reading, writing and speaking.

What are your favourite subjects in school and why?

What are some of the books you have read over the last year? What did you enjoy about them?

What awards and/or honours have you received that you are most proud and why?

What qualities do you feel are essential to being a good student?

Why have you chosen to apply to La Citadelle? What do you hope to gain from your experience as our student?

What qualities do you feel are essential to being a positive and productive member of society? (Current Grade 8 and above only)

What would you like to study in University (Engineering, Law, Business, Sciences, Fine Arts, etc.)? Please explain why this area of study is of interest to you (Current Grade 8 and above only).

**SECTION 6: APPLICANT ESSAY** (to be completed by students applying to Grade 6 and above)

Please describe one person who has influenced and/or inspired you. What is it about them that has had the most impact on you as a person?

Applicant Name: \_\_\_\_\_

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

**SECTION7: PARENT QUESTIONNAIRE**

Why have you selected La Citadelle as a school for your child?

What are your expectations for your child as a student of La Citadelle?

What do you believe your child will contribute to La Citadelle's school community?

What do you feel are your child's greatest academic and extracurricular accomplishments?

How do you feel your child will respond socially and academically to a new learning environment?

Are there any important events that have occurred in your child's education so far of which we should be made aware? (Have they skipped a grade, been given any special award or recognitions, been asked to withdraw or been suspended from any school, have an IEP?)

If you could summarize your child in a few sentences, what would your summary include?

What involvement are you interested in having within La Citadelle's school community?

What do you feel is your role as a parent in supporting the school in its educational endeavours?

Parent/Guardian Name: \_\_\_\_\_

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

# La Citadelle



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of Arts & Science



36 Scarsdale Road  
North York, Ontario M3B 2R7

Telephone: 416-385-9685  
[admissions@lacitydelleacademy.com](mailto:admissions@lacitydelleacademy.com)  
[www.lacitydelleacademy.com](http://www.lacitydelleacademy.com)



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## HEALTH FORM

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
YY MM DD

**OHIP Number:** \_\_\_\_\_

**Male**      **Female**

36 Scarsdale Road  
North York, Ontario M3B 2R7

Telephone: 416-385-9685  
info@lacitydelleacademy.com  
www.lacitydelleacademy.com

**HEALTH FORM**

Name of Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Area Code & Telephone #

Address of Physician: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Area Code & Telephone #

Address of Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Immunization Record Submitted:     Yes     No

Specify any allergies, asthma or special needs the student has that we should be made aware of, what reaction(s)/symptom(s) the student will have and what treatment must be used.

Specify any serious health issue for which the student may need accommodation or assistance, including the details of such accommodation, emergency medical contact information, etc.

If the student is seeking accommodation for a disability or special circumstances requiring an IEP, please provide any information that you think would be helpful to the school in providing that accommodation including reports and recommendations from speech therapists, psychologists, eye specialists, social workers, physiotherapists, or other health care workers, as applicable.

Please provide full details of the basis upon which any accommodation is sought for the student, or of any special medical needs that the school should be aware of in order to provide appropriate accommodation and supervision to the student.

Can your child fully participate in regular Physical Education and sports activities? If answering no, please explain any limitations or required accommodations.

Specify any special diet and rest requirements for the student.

Provide a full history of your child's communicable disease(s), if applicable.

Please read and complete each of the following:

1. To the best of my/our knowledge, my/our child is in good health. I/we hereby agree to inform the school immediately of any infectious disease to which my/our child has been exposed or of any changes to his/her medical condition.
2. In the event of injury and/or emergency at school or during any school activity, I/we grant permission to the Headmaster or any person acting on his behalf to administer first-aid, and to obtain and/or authorize the necessary medical treatment for my/our child.
3. In case of serious injury or emergency at school or during any school activity, I/we understand that the Headmaster or any person acting on his behalf will make the necessary arrangement to have my/our child transported by ambulance if hospitalization is required. I/we would prefer that our child be transported to the following hospital, if possible: \_\_\_\_\_
4. In case of minor health problems such as headaches, stomachaches, earaches, fever, etc., I/we authorize the school to give our child the following medication: Acetaminophen (  ) Ibuprofen (  ) Other: \_\_\_\_\_
5. In case prescribed medication is required to be administered to our child during school hours, we agree to submit a written note to the school stating all pertinent information related to such medication, including specifics concerning dosage, frequency, storage, etc.

I/we understand that in case of any emergency, the school will make every effort to contact one of the parents or the emergency contact person named above. If no contact can be made, I/we grant permission to the Headmaster or any person acting on his behalf to authorize the necessary medical treatment for my/our child. We also understand that in the event of a medical emergency, a medical practitioner and/or the Headmaster or any person acting on his behalf can authorize medical care. It is understood that this consent and the information given above shall remain in effect until such time as we indicate any modification of it in writing.

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

Father's/Guardian's signature

Mother's/Guardian's signature