

ROTMAN ARTS & SCIENCE SCHOOL

7 Bradwick Drive, Vaughan, Ontario, L4K 2T4

INTERNATIONAL STUDENT APPLICATION FORM

Please submit a completed application to:	For Office Use Only:	
	File number	
	Grade Date	
	Copy sent to school \Box Date	
	ulish forms. Translated brochures and application	

forms are provided for reference only. The Rotman Arts and Science School (RASS) always follows the policies and definitions as stated in the English version of brochures and application forms.

	Date:
Apply for school beginning:	
Applicants aged 17 or under: \Box Sep	ember February
Short-term studies: Summer Can	p

STUDENT INFORMATION

Surnam	e (Family Name)	Given Name	English Name (if applicable)	
			Gender: 🗆 Female 🗆 Male	
Date of I	Birth (Day/Month/Year)	Age		
Citizensl	nip	First Language	Student's E-mail address	
🗆 I have	a sibling who is applyir	ng to/attending Rotman Arts ar	nd Science School:	
	name	Sibling's date of birth	-	
PARENT	INFORMATION			
Father:_				
	Family Name	Given Name	Date of Birth	
Mother:				
	Family Name	Given Name	Date of Birth	
Perman	ent Address (in Home C	ountry) Street Address	City	
Province	e/State	Country Postal Code	Home Telephone	
Cellular	phone (father)	Work Phone (father)	E-mail address (father)	
Cellular	phone (mother)	Work Phone (mother)	E-mail address (mother)	



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LIVING ARRANGEMENTS WHILE STUDYING IN CANADA

Secondary students may reside with parents, relatives, or in approved Toronto homestays only. All elementary international students must reside in Toronto with their own parent(s).

□ I request that homestay arrangements be made by RASS Homestay. (RASS Homestay applications received after April 1st are subject to space availability. Homestay placement is not always possible.)

or

 \Box My child will be living with the following person who is over the age of 25:

Family Name:		First Name:	
Relationship to stude	ent:	Street:	
City:	_ Province: ON	Postal Code:	E-mail:
Phone (Home):		Phone (Work):	

CUSTODIAN

International students are required to have a local custodian while in Canada, unless they are residing with their own parent(s).

 \Box I request that homestay placement be made by RASS Homestay and that the host parent acts as custodian of my child.

or

 \Box My child will be under the custodianship of the following person who is Canadian, or landed immigrant, and is over the age of 25.

Family Name:	First Name:	
Relationship to student:	Street:	
City: Province: ON	Postal Code:	E-mail:
Phone (Home):	Phone (Work):	

SCHOOL PLACEMENT

In what grade are you currently enrolled	l?
What grade are you applying for?	

Students are placed into age appropriate grades according to Canadian age-grade correlation.

EDUCATION HISTORY

Name and location of most recent schools attended:

School		City	Country	
From (dates attended) To			Grades(s) Completed	
School		City	Country	
From (dates attended)	То		Grades(s) Completed	



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PARENT CONSENT

Immunization

I give permission for my child to receive any necessary immunization shots. Please provide your child's immunization record, translated into English.

Field Trips

I give my child permission to attend school/international education program-sponsored field trips. □ Yes □ No

Release of Information

I give permission for my child's name, photograph and video to be used as it relates to the production of a school play or concert, a school event or promotion of the Rotman Arts and Science School.

HEALTH INFORMATION

All students with special needs must be assessed before determining placement. The fees paid for the International Education Program include only basic health coverage.

If YES, please describe:

If YES, please describe:

SURVEY

How did you hear about the International Education Program of the Rotman Arts and Science School?

□ Friend/Relative	\Box Newspaper/Magazine:			
		Name	Website/ Email	
□ Rotman Arts and :	Science School Information	Seminar:		
		City	Country	/

□Study Abroad Agency (see below):

Agent/Agency: This student's application is entirely attributable to the efforts of:

Name of Agent		Agent Contact	
 Address of Agent	City	Province	Country / Postal Code
Telephone Number	Fax Number	E	E-mail