

## RENEWING International Student Document Checklist

*\*All documents must be in English or with a certified English translation\**

### For the student(s):

- Returning International Application Form (all three pages with signatures)
- Updated Study Permit/Visitor's Record, if needed
- Updated medical insurance valid in Canada/OHIP, if needed

### For Parent(s)/Legal Guardian(s):

- Updated Study Permit(s)/Work permit(s), if needed
  - If any parent is on a Study permit, please also provide:
    - updated proof of enrollment for your school program
    - recent record of attendance (or recent Academic Advisement Report)
- Any other document that needs updated, such as change in address, change in Canadian Status, etc.

### Payment:

- IF APPLICABLE**, Annual Activity Fee (AAF) paid online and receipt sent back to International Office (ask for link to pay online with credit card)

Please email clear and legible images or a PDF version of all documents to  
[Anastasia.Jones@ncdsb.com](mailto:Anastasia.Jones@ncdsb.com)



# INTERNATIONAL STUDENT APPLICATION FORM – RETURNING STUDENT

## STEP 1

## STEP 2

## STEP 3

**Complete and submit** the International Student Application form and email to [international@ncdsb.com](mailto:international@ncdsb.com)

**Submit** the **non-refundable** Annual Activity Fee (AAF) **IF APPLICABLE** (online payment ONLY | no e-transfers)

**Submit** all documents required for admission, if needed (see checklist)

**Date of Application:** \_\_\_\_\_

### Student Information – All Names MUST Match Legal Identification Documents

First Name		Last Name		<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	
Age	Country of Birth	Date of Birth (YYYY/MM/DD)	Student's Email (if applicable)		
Current NCDSB School Attending: _____					
If changing schools, name of new NCDSB school: _____					

### Niagara Catholic District School Board Program Requested

School Year 20____ to 20____	Elementary <input type="checkbox"/>	Start Date Requesting: <input type="checkbox"/> Full Year: September—June	—OR—	<input type="checkbox"/> Semester 1: September—January
	Secondary <input type="checkbox"/>			<input type="checkbox"/> Semester 2: February—June

### Parent and Address Information

Father Information		Mother Information		Address	
First Name		First Name		Apartment #	Street #
Last Name		Last Name		Street Name	
Email		Email		City	
Primary Phone #		Primary Phone #		Country	Province
Cell Phone #		Cell Phone #		Postal Code	

### Certification and Signatures

I hereby certify that all statements are correct and complete. I understand that any misrepresentation of this data may result in the cancellation of my admission or registration status.

Signature of Parent or Guardian #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian #2: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

*To be completed by International Student Office*	AAF Required? <input type="checkbox"/>	AAF Received? <input type="checkbox"/>	Receipt #: _____	Amount Received: \$ _____

## TERMS OF ADMISSION

### For Niagara Catholic District School Board:

1. Liturgies, paraliturgies and retreats are an integral part of the school curriculum and all students are expected to participate in them. To help fulfill the Board's aim of providing an educational atmosphere which fosters and directs the spiritual, intellectual, aesthetic, physical, and social growth of all students enabling them to live and contribute as responsible members in our society, all students are required to take a religious course in each year of secondary school. A request to be exempted from the Religion course requirement may be submitted to the principal and will be considered on an individual/per case basis.
2. I must maintain a current Study Permit or other Visa from the department of Immigration, Refugees and Citizenship Canada.
3. I have acquired private health insurance coverage to meet Canadian Standards for the full duration of the applied school year, or have provided valid OHIP.
4. I agree to pay the Annual Activity Fee (AAF) upon registration to complete admission.
5. I understand that applications for the school year (September—June) must be received by July 1<sup>st</sup> of the previous school year. Secondary school applications may be considered for Semester two (February) admission if received prior to December 1<sup>st</sup> of the previous calendar year.
6. I agree to register at the school to which I am assigned by the Niagara Catholic District School Board the week before the beginning of the new school year. Late registrations may be accepted on a per case basis.

**I, the undersigned, understand and accept the Terms of Admission into a school in the  
Niagara Catholic District School Board.**

I am enclosing the following:

- Non-refundable AAF in CAD\$, IF APPLICABLE
- All required documentation for updating

Signature of Parent/Guardian #1:

Date:

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian #2:

Date:

(if applicable)

\_\_\_\_\_

\_\_\_\_\_



Completed Applications should be submitted to the:

**International Education Office**  
**Niagara Catholic District School Board**  
**145 Niagara Street, St. Catharines, Ontario**  
**L2R 4L7 Canada**

Web: [www.niagaracatholicinternational.ca](http://www.niagaracatholicinternational.ca)

Email: [International@ncdsb.com](mailto:International@ncdsb.com)

Phone: [905.682.3360](tel:905.682.3360)

*This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of the Education Act., c. 129, s. 60 and will be used for the purposes of determining student registration eligibility. Questions about this collection should be directed to the*

*Supervisor of International Education, Niagara Catholic District School Board.*

# PARENTAL CONSENT FORM FOR EXTRA-CURRICULAR ACTIVITIES & MEDIA PROMOTIONS

## Parent or Guardian:

I certify that \_\_\_\_\_ (student's name) is in good general health and will benefit from participating in the activities offered by the Niagara Catholic District School Board. I, therefore, give him/her permission to participate in all activities scheduled during their stay in Canada. I also grant the Niagara Catholic District School Board the right to use pictures, video and/or audio tapes of my child for use in promoting our programs through the course guide, formal public displays, brochures, pamphlets, and our websites. Niagara Catholic District School Board will not sell or distribute any pictures, video or audio tapes to any third party for their own use.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

For the 20\_\_\_\_ - 20\_\_\_\_ School Year

## ADDITIONAL INFORMATION

- **\*\*\*The Annual Activity Fee (AAF) is non-refundable in any circumstance.**
- We do **NOT** accept e-transfers for payment of the AAF. Please ask for the online link to pay for the AAF when registering.
- This application form and any documents required by the International Education Division is separate from the school. The school will require an online application to be made to their school and may have additional documentation needed for their records. Please visit <https://niagaracatholic.ca/registration/> to register online
- Immunization records (of childhood vaccines such as measles, mumps, etc.) is required by the International Education Division for registration, however we do not associate with Niagara Public Health and it is the parent's/guardian's responsibility to provide Niagara Public Health the information they require for the student's immunization records in Canada. Please visit <https://www.niagararegion.ca/health/vaccinations/children/records.aspx> for more information about immunization records for students in schools.
- We do not accept a driver's license as proof of address. Please provide something such as a utility or phone bill, or a rental lease of your home that has your name and address on it.
- Every international student is required to RENEW their application for the following school year. Please renew your student's application at the end of every school year to make sure all documents and/or fees are up-to-date.
- Medical insurance is required to be within our school buildings. Medical insurance must be purchased for the duration of the school year, or valid OHIP must be provided.
- All of our schools, elementary and secondary, have English as a Second Language (ESL) support. Please ask your school about their ESL support.
- If you are changing addresses (both within the Niagara Region or outside of the Niagara Region) or if you are transferring out of the Niagara Catholic District School Board, please notify the International Education Division to update your student's record.
- School bus transportation is FREE so long as your student(s) is/are eligible. To check eligibility, please visit <https://portal.nsts.ca/TransportationEligibility> or contact your school.
- Student(s) grade in Canada is based on year of birth. If there are any discrepancies, please consult the school once registration is completed.



## CONFIRMATION OF PUPIL ELIGIBILITY FOR ENGLISH AS A SECOND LANGUAGE/LITERACY DEVELOPMENT FUNDING

*Personal information on this form is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the authority of the Education Act, and will be used for the purposes of determining student eligibility for English as a Second Language/Literacy Development Funding. Questions about this collection should be directed to the Superintendent of Education – Continuing/Alternative Education, Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario L3C 7C1, 905-735-0240.*

**PLEASE PRINT**

Pupil Surname	Pupil Given Name(s)	Male  Female
Date of Birth (yy/mm/dd)	Country of Birth	Date of First Entry into Canada (yy/mm/dd)

**CITIZENSHIP & IMMIGRATION CANADA DOCUMENTATION**  
*(Documentation examined to verify eligibility. Please indicate by check mark in box next to document)*

	Confirmation of Permanent Residence (P.R.)	Date became a P.R. (yy/mm/dd)	
	Permanent Resident Card	Date on back of card (yy/mm/dd)	
	Parent Study Permit *	Expiry Date (yy/mm/dd)	
	Parent Work Permit *	Expiry Date (yy/mm/dd)	
	Visitor Record *	Expiry Date (yy/mm/dd)	
	Refugee Claimant	Date Stamped (yy/mm/dd)	
	Consideration of Eligibility (Convention Refugee)	Date Stamped (yy/mm/dd)	

**OTHER DOCUMENTATION**

	Passport *	Date Stamped (yy/mm/dd)	
	Other (Please specify) <i>Contact Student Information and Administrative Services for prior approval if this box is checked.</i>	Date Signed/Stamped (yy/mm/dd)	

**CERTIFICATION**

I hereby certify that the information contained on this form is accurate and that I have examined the applicable documentation as indicated.

BOARD/SCHOOL OFFICIAL	PARENT/GUARDIAN
Name	Name
Signature	Signature
Position	Date
Date	

***This form must be filed in the pupil's Ontario Student Record (OSR) and retained for Ministry Audit purposes.***

***\* Refer to Niagara Catholic District School Board International Student Department***