



## **Application Form: Personal, Medical and Academic History**

### **Personal Information:**

1. Student's family name \_\_\_\_\_ First name \_\_\_\_\_
2. Commonly used name (in English or French): \_\_\_\_\_
3. Date of birth : \_\_\_\_\_ (day / month / year)
4. Age upon arrival in Québec: \_\_\_\_\_ years
5. Sex:  female     male
6. Address: \_\_\_\_\_  
\_\_\_\_\_
7. Student's e-mail address: \_\_\_\_\_
8. Student's mobile phone number : \_\_\_\_\_
9. Student's home phone number : \_\_\_\_\_
10. Mother tongue: \_\_\_\_\_
11. Other languages spoken: \_\_\_\_\_
12. Country of birth: \_\_\_\_\_
13. Place of birth: \_\_\_\_\_
14. Citizenship: \_\_\_\_\_
15. Passport number: \_\_\_\_\_
16. Expiry date : \_\_\_\_\_ (day / month / year)
17. Country of publication : \_\_\_\_\_
18. Most recent grade level completed at school : \_\_\_\_\_
19. Student wishes to be placed in secondary 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

20. Student wishes to enrol in the following semester:

- September to January (Registration no later than May 30)
- February to June (Registration no later than November 30)
- September to June (Registration no later than May 30)

21. Student wishes to:

- obtain a Québec High School Diploma (DES : Diplôme d'études secondaires)
- improve his/her French language skills only

22. At the end of his/her program the student wishes to:

- enrol at the Cégep de Chicoutimi (local college)
- return to his/her country to pursue studies
- Other (please specify) : \_\_\_\_\_

23. What field of post-secondary studies does the student wish to pursue?

\_\_\_\_\_

24. Information about the student's parent(s):

- a. The student's father is :  alive  deceased
- b. The student's mother is :  alive  deceased
- c. The student currently lives with
  - i.  both parents
  - ii.  his/her father
  - iii.  his/her mother
  - iv.  his/her mother and stepfather
  - v.  his/her father and stepmother
  - vi.  other (please specify) \_\_\_\_\_

25. Information about the student's father :

- a) Name / first name of father : \_\_\_\_\_
- b) Language(s) spoken by the father at home : \_\_\_\_\_
- c) Mobile phone number : \_\_\_\_\_
- d) Home phone number : \_\_\_\_\_
- e) Address (if different from the student's) : \_\_\_\_\_  
\_\_\_\_\_
- f) Occupation : \_\_\_\_\_

26. Information about the student's mother :

- a) Name / first name of mother : \_\_\_\_\_
  - b) Language(s) spoken by the mother at home : \_\_\_\_\_
  - c) Mobile phone number : \_\_\_\_\_
  - d) Home phone number : \_\_\_\_\_
  - e) Address (if different from the student's) : \_\_\_\_\_
- 
- f) Occupation : \_\_\_\_\_

### **Student Personal Information**

1. List the foreign languages you speak and the number of years you have studied them.

- a. Language : \_\_\_\_\_ I have studied this language for \_\_\_\_ years.
- b. Language : \_\_\_\_\_ I have studied this language for \_\_\_\_ years.
- c. Language : \_\_\_\_\_ I have studied this language for \_\_\_\_ years.

2. Do you have any brothers or sisters? Yes \_\_\_\_\_ No \_\_\_\_\_

If so please specify.

- a. Name : \_\_\_\_\_ / age : \_\_\_\_ years / sex: \_\_\_\_\_
- b. Name : \_\_\_\_\_ / age : \_\_\_\_ years / sex : \_\_\_\_\_
- c. Name : \_\_\_\_\_ / age : \_\_\_\_ years / sex: \_\_\_\_\_

3. I wish to study the following subjects. Please check all choices.

French \_\_\_\_\_ Math \_\_\_\_\_ Science \_\_\_\_\_  
History \_\_\_\_\_ Geography \_\_\_\_\_ Spanish \_\_\_\_\_

4. I wish to participate in extra-curricular activities. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify. (E.g. basketball, cheerleading, improvisational theatre, etc.)

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5. I would like to enrol in a concentration profile. Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please identify the concentration as per our web site. \_\_\_\_\_

6. How did you hear about our International Student Program (ISP)?
- i. \_\_\_\_\_ friend
  - ii. \_\_\_\_\_ Canadian Education Centre
  - iii. \_\_\_\_\_ newspaper / magazine (if so specify) \_\_\_\_\_
  - iv. \_\_\_\_\_ web site (specify) \_\_\_\_\_
  - v. \_\_\_\_\_ educational fair
  - vi. \_\_\_\_\_ Canadian embassy / Consulate
  - vii. \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Student's signature : \_\_\_\_\_

Date : \_\_\_\_\_ (day / month/ year)

Parent's signature : \_\_\_\_\_

Date : \_\_\_\_\_ (day / month / year)

### **Student Medical History**

1. Previous surgery, injury and/or serious illness (with dates)

\_\_\_\_\_

\_\_\_\_\_

2. Fractures sustained (with dates)

\_\_\_\_\_

\_\_\_\_\_

3. Allergies

\_\_\_\_\_

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4. Regular medication taken (over the counter or prescription)

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5. Do you use an inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do you wear glasses or contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you require regular injections? Yes \_\_\_\_\_ No \_\_\_\_\_

If so please explain:

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8. Are you taking medication at this time? If so please explain :

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9. Do you have an eating disorder? If so please explain :

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10. Are you currently under treatment for any medical or emotional condition(s)? If so please explain:

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11. Have you had any of the following :

- |                         |           |          |
|-------------------------|-----------|----------|
| a. Allergies to drugs?  | Yes _____ | No _____ |
| b. Food allergies?      | Yes _____ | No _____ |
| c. Pet allergies?       | Yes _____ | No _____ |
| d. Anorexia or Bulimia? | Yes _____ | No _____ |
| e. Appendicitis?        | Yes _____ | No _____ |

- |                                   |           |          |
|-----------------------------------|-----------|----------|
| f. Asthma?                        | Yes _____ | No _____ |
| g. Chicken pox?                   | Yes _____ | No _____ |
| h. Cough (persistent, recurring)? | Yes _____ | No _____ |
| i. Diabetes?                      | Yes _____ | No _____ |
| j. German Measles?                | Yes _____ | No _____ |
| k. Migraines?                     | Yes _____ | No _____ |
| l. Hepatitis?                     | Yes _____ | No _____ |
| m. Malaria?                       | Yes _____ | No _____ |
| n. Measles?                       | Yes _____ | No _____ |
| o. Menstrual cycle problems?      | Yes _____ | No _____ |
| p. Mumps?                         | Yes _____ | No _____ |
| q. Poliomyelitis?                 | Yes _____ | No _____ |
| r. Pneumonia?                     | Yes _____ | No _____ |
| s. Rheumatic Fever?               | Yes _____ | No _____ |
| t. Scarlet Fever?                 | Yes _____ | No _____ |
| u. Seizure disorder?              | Yes _____ | No _____ |
| v. Tonsillitis?                   | Yes _____ | No _____ |
| w. Tuberculosis?                  | Yes _____ | No _____ |
| x. Typhoid Fever?                 | Yes _____ | No _____ |
| y. Vertigo? Dizziness?            | Yes _____ | No _____ |
| z. Ulcers?                        | Yes _____ | No _____ |

Other? Please specify : \_\_\_\_\_

\_\_\_\_\_

12. Please list all vaccinations :

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

*This medical information is being collected so that appropriate health care plans may be developed, if necessary. All information will be kept strictly confidential and will only be shared with appropriate and qualified personnel if necessary.*

## Academic History

**This ACADEMIC HISTORY page is to be completed by a school official.**

In selecting applicants for the International Student Program, we look for students with a good academic record who also show maturity, a positive attitude in their school work and in relationships with other students and teachers. Your evaluation of the student named below will help us in our selection. We appreciate your cooperation in completing this recommendation form. Please complete this form in English.

### General Questions

1. Name of student : \_\_\_\_\_ First name : \_\_\_\_\_

2. Has the student missed or repeated a year or term? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Does the student have a history of continuous or frequent absences from school? If yes, please explain. Yes \_\_\_\_\_ No \_\_\_\_\_

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4. What is the student's attitude toward school work? Please check one.

Great interest \_\_\_\_\_ Average interest \_\_\_\_\_ Little interest \_\_\_\_\_

Comments : \_\_\_\_\_

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5. Teachers find this student's attitude Positive \_\_\_\_\_ Négative \_\_\_\_\_

Comments : \_\_\_\_\_

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6. Do you consider this student to be a positive leader among classmates? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Does this student cooperate well with other students? Yes \_\_\_\_\_ No \_\_\_\_\_

8. How would you evaluate his/her competencies in the French language?

	Advanced	Intermediate Advanced	Intermediate	Beginner
Reading				
Writing				
Oral (speaking)				
Oral (comprehension)				

9. In your opinion, will the student be able to handle the reading and writing assignments in French as a mother tongue? Yes \_\_\_\_\_ No \_\_\_\_\_

Please comment : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Based upon your knowledge of this student, how would you evaluate his/her potential success as a student in Canada?

Excellent \_\_\_\_\_ Very good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Please comment : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide your complete name: \_\_\_\_\_

What is your role in this student's school? (Eg: principal, teacher, counselor, etc.)

\_\_\_\_\_

Your signature : \_\_\_\_\_

Date : \_\_\_\_\_ (day / month / year)

**Official school stamp:**

Once again, THANK YOU for your valuable cooperation in this important selection process.