

# Colonel By Secondary School

## International Baccalaureate Application Procedure Check-list

2010 – 2011

Applicant Name: \_\_\_\_\_  
(Please Print)

- **DEADLINE IS Thursday, December 10th, 2009 (5:00 PM)**
  
- APPLICATION FORM IS COMPLETED AND SIGNED**
  
- AN IB OPTION SHEET IS COMPLETED AND SIGNED**
  
- APPLICANT'S MOST RECENT REPORT CARD**
  
- A TRANSCRIPT (FOR STUDENTS APPLYING FOR GRADE 10  
(we require grade 8 final report and most recent Grade 9 report))**
  
- A SAMPLE OF THE APPLICANT'S BEST WRITTEN WORK (current grade)  
\* work will not be returned**
  
- SEALED FEEDER SCHOOL TEACHER COMMENTARY (teacher must sign flap)**
  
- STUDENT REGISTERED FOR CAT**
  - January 6<sup>th</sup> at 4:30 pm**
  - January 9<sup>th</sup> at 9:00 am**
  - \$15.00 CAT admin fee paid**
    - Cash**
    - Cheque**

**INCOMPLETE PACKAGES WILL NOT BE PROCESSED**

**Parent Volunteer initials:\_\_\_\_\_**

**Please note that all decisions will be made before February 1<sup>st</sup>. Should you not hear from the school by that point, please contact the school at 613-745-9411. Upon acceptance, the school will issue a Memorandum of Understanding and ask for the grade 9 IB fee of \$235 be returned to the school.**

**Colonel By Secondary School  
International Baccalaureate Program  
Application Form  
2009 - 2010**



**Please print.** (N.B. Designated School refers to your local area high school)

Student Surname	Given Name	Gender	Date of Birth		
			Year	Month	Day
Street Address		City	Postal Code		
E-mail Address		Home Telephone Number			
Current School	Address	Telephone Number			
Designated School	Address	Telephone Number			

**Parent/Guardian Information**

Mr., Mrs., Ms Surname	Given Name	Business Telephone
Mr., Mrs., Ms Surname	Given Name	Business Telephone

Planned Language B
<input type="checkbox"/> French Immersion <input type="checkbox"/> Core French <input type="checkbox"/> Spanish

**Section A: to be answered by the parent/guardian.**

1. How do you think the International Baccalaureate Program will benefit this student?
2. Describe the work/study habits of this student, both in and out of school.

**Colonel By Secondary School  
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**2009 - 2010**

**Section B: to be answered by the student.**

<b>1. How do you think the International Baccalaureate Program will benefit you?</b>
<b>2. How will you contribute to the school life at Colonel By Secondary School?</b>
<b>3. What activities do you currently enjoy?</b>
<b>4. Choose one activity from Question 3, explain why it is important to you, and what personal growth you have experienced from this activity.</b>

**Please attach the student's most recent report card to this application.**

Student's Signature	Parent's Signature	Date

**COLONEL BY SECONDARY SCHOOL**  
**INTERNATIONAL BACCALAUREATE PROGRAM**  
**TEACHER COMMENTARY FORM (2010-2011)**

Student Name: \_\_\_\_\_  
 Subject/Level: \_\_\_\_\_

School Name: \_\_\_\_\_  
 Teacher Name: \_\_\_\_\_

**To the Student:** Give this form to an academic subject teacher. With it, provide an envelope and a due date for you to pick it up. The envelope is to be sealed by this teacher and the envelope flap signed by them. Limit: 1 teacher commentary.

**To the teacher:** The above student is applying to the International Baccalaureate Program. This rigorous academic curriculum challenges students to learn in the major disciplines of languages, sciences, mathematics and the humanities. The intent is that the student should learn how to learn, to analyze, and to engage in critical reflection with tolerance and superior communication skills. Please include comments and anecdotal evidence that will help us to determine the applicant's suitability for the program. Your comments and professional opinion are valued. Please give this commentary back to the student in a sealed envelope with your signature on the flap by the date indicated by the student. It is the responsibility of the student applicant to return it to Colonel By .

Learning Characteristics

1. Does the student perform well in class assignments, and tests?
2. Does the student complete homework and outside research on time and thoroughly?
3. Does the student grasp new or different concepts easily?
4. Does the student take initiative for his/her own learning?
5. Does the student communicate maturely and grammatically, orally and in writing?
6. Does the student demonstrate quick recall and mastery of factual information?

Please check the column which you feel best describes the student  
 1    2    3    4    5                      COMMENT

	1	2	3	4	5	COMMENT

1-Seldom    2-Sometimes    3-Often    4- Usually    5-Always

**PLEASE SEE REVERSE SIDE FOR ADDITIONAL QUESTIONS**

## MOTIVATIONAL QUALITIES

1. Does the student show excitement and enthusiasm for learning?
2. Does the student strive towards perfection and is she/he self-critical?
3. Is the student intellectually playful and imaginative?
4. Is the student self-confident, emotionally secure, and self-assertive?
5. Is the student an active participant in class and group activities?

1	2	3	4	5	COMMENT

1-Seldom    2-Sometimes    3-Often    4- Usually    5-Always

Do you recommend this student for the IB Program? \_\_\_\_\_

Please make any additional comments regarding this student below:

### **Attention teachers:**

**Should you wish to ensure delivery of your commentary on this student, we ask that you fax a copy of this form to the IB Coordinator (L. Harthun) at Colonel By Secondary School (745-4680). Please indicate the time and date on the fax copy. Please submit the original commentary to the student in a sealed envelope. Please sign over your seal.**

Thank you very much for your assistance with the application for this student



## Student Registration Form:

Legal Name: _____				
	Surname	First Name	Middle Name(s)	
Preferred Name: _____				
	Surname	First Name	Middle Name(s)	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Date of Birth: _____				
YYYY MMM DD				
Names of Siblings in This School: _____				
Home Address: _____				
	Number/Street	Unit #	City/Township	Postal Code
Additional Info/ Residence Location: _____				
Mailing Address: _____				
	Number/Street	Unit #	City/Township	Postal Code
Additional Info/ Residence Location: _____				
Post Office Box: _____ 911 Number: _____ Home Phone Number: _____ Listed <input type="checkbox"/> Unlisted <input type="checkbox"/>				

  

Country and Province of Birth: _____	
Country	Province
Country of Last Residence: _____	
Country of Citizenship: _____	Arrival Date: _____
Status In Canada: CDN <input type="checkbox"/> Landed IMM <input type="checkbox"/> Visa <input type="checkbox"/>	Expiry Date: _____
Other Citizenship: _____	
Mother Tongue: _____	Language(s) Spoken at Home: _____

  

***If not currently an OCDSB student, please attach:***

- ***Proof of Birth***
- ***Immunization Records***

  

Present School and School Board (2009-2010)	
School Name _____	Board _____
Language of Instruction: _____	Departure Date: _____
Last Grade Attended: _____ Reason for Transfer: _____	
Designated OCDSB Secondary School: _____	
If not an Ottawa Carleton District School Board (OCDSB) school above, have you ever attended an OCDSB School	
Yes <input type="checkbox"/>	No <input type="checkbox"/> Please give name of the School: _____

  

Health Card Number: _____	Version: _____	Immunization Record Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Alert Information/Allergies/Disabilities/Medications/Medical Conditions: _____		
_____		
_____		
Doctor's Name: _____ Telephone Number: _____ Ext: _____		
Student Identification through IPRC: Yes <input type="checkbox"/> No <input type="checkbox"/> Student has an IEP: Yes <input type="checkbox"/> No <input type="checkbox"/>		
This student has received the following learning supports in the past: _____		
_____		

## Parent/Guardian Information:

Name: _____		Male: _____		Female: _____	
Mr. / Mrs.	First Name	Surname	Place of Employment: _____		
Relationship to Student: _____			Place of Employment: _____		
Emergency Contact Priority: 1 2 3			School Closure Contact Priority: 1 2 3		
Home Phone Number: _____		Business Phone Number: _____		Ext: _____	
Cell Phone Number: _____		E-mail Address: _____			
Guardian: _____		Custody: _____		Lives with Student: _____	
Access to Records: _____		Speaks School Language: _____		Receives Mail: _____	
Address if Different from Student: _____					
Number/Street		Unit #	City/Township	Postal Code	

  

Name: _____		Male: _____		Female: _____	
Mr. / Mrs.	First Name	Surname	Place of Employment: _____		
Relationship to Student: _____			Place of Employment: _____		
Emergency Contact Priority: 1 2 3			School Closure Contact Priority: 1 2 3		
Home Phone Number: _____		Business Phone Number: _____		Ext: _____	
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Access to Records: _____		Speaks School Language: _____		Receives Mail: _____	
Address if Different from Student: _____					
Number/Street		Unit #	City/Township	Postal Code	

## Non-Custodial Parent Information:

Name: _____		Male: _____		Female: _____	
Mr. / Mrs.	First Name	Surname	Place of Employment: _____		
Relationship to Student: _____			Place of Employment: _____		
Home Address: _____					
Number/Street		Unit #	City/Township	Postal Code	
Home Phone Number: _____		Business Phone Number: _____		Ext: _____	

## Emergency Contact Information: (must not be a parent or guardian)

Name: _____		Male: _____		Female: _____	
Mr. / Mrs.	First Name	Surname	Place of Employment: _____		
Relationship to Student: _____			Place of Employment: _____		
Emergency Contact Priority: 1 2 3			School Closure Contact Priority: 1 2 3		
Home Phone Number: _____		Business Phone Number: _____		Ext: _____	
Cell Phone Number: _____		E-mail Address: _____			

This information is collected pursuant to the School Board's responsibilities as set out in the Education Act and its regulations. This information is collected for educational purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. This information will become part of the Ontario Student Record and opportunities will be provided to update this information annually. Any questions with respect to this information should be directed to the Principal of the school in which the student is applying to register.

I certify that the information provided on this form is accurate and understand that an incomplete form will delay registration.

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

**ACCEPTABLE USE OF COMPUTERS AND INTERNET/INTRANET TECHNOLOGY AGREEMENT**

By signing below you are indicating that you are aware of the Ottawa-Carleton District School Board Acceptable Use of Computers and Internet/Intranet Technology Policy (Abbreviated Version) and that you understand the contents. The full version of the policy is available in any school office and is also available on the Board's web site [http://www.ocdsb.ca/PDF%20files/Policies\\_and\\_Procedures/Policies/P%20100%20IT%20Internet%20Use.pdf](http://www.ocdsb.ca/PDF%20files/Policies_and_Procedures/Policies/P%20100%20IT%20Internet%20Use.pdf)

As a student or community member who signs this document, you agree to abide by Board Policy P.100.IT: Acceptable Use of Computers and Internet/Intranet Technology and understand that your failure to live up to this agreement will have consequences that must be accepted. You also clearly understand that there may not be a second chance.

As a parent/guardian who signs this document, you are aware of the behaviour expected of students, and that the use of the Internet in Ottawa-Carleton District School Board sites is strictly for educational purposes. Staff will make every attempt to ensure use of this technology is in line with Board Policy and specifically Board Policy P.100.IT: Acceptable Use of Computers and Internet/Intranet Technology and Procedure PR.622.IT: Acceptable Use of Computers and Internet/Intranet Technology.

- I agree that my child will adhere to the Policy and consent to the creation of a computer account for my child.
- I do **NOT** agree that my child will adhere to the Policy and realize that a computer account will not be created for my child.

**SCHOOL WEB SITE PERMISSION FORM**

We would like to tell the community about the many positive things taking place in our school. However, we want to strike the right balance between getting our message out and respecting the wishes of parents/guardians who do not want their child's name, work or photo displayed on the web.

Photos, student work and names will only be displayed with the Principal's permission and will not be used for commercial gain.

- I do consent to my child's work, name or photo/image/video image being used on the school web site.
- I do **NOT** consent to my child's work, name or photo/image/video image being used on the school web site.

**MEDIA PERMISSION FORM**

There are a number of times during the school year when children can be photographed, interviewed or videotaped; for example, during sports or special events, school archive material, television, radio or newspaper coverage and for board publications.

Photos, videos or interviews will only be allowed with the Principal's or Vice-Principal's permission and will not be used for commercial gain.

- I consent to my child being photographed, videotaped, or interviewed and their name and image used in school or board publications and media coverage of school related events.
- I do **NOT** consent to my child being photographed, videotaped, or interviewed.

<i>Signature of Parent/Guardian:</i> _____	<i>Date:</i> _____
<i>Signature of Student:</i> _____	<i>Date:</i> _____

The personal information on this form is collected under the authority of the *Education Act, Immunization of Schools Pupils Act* and the *Personal Health Information Protection Act*, and will be used by the school and central administrative staff to provide a broad range of academic, health and administrative services. The form will be retained in accordance with the OCDSB classification scheme, at which time such information will be properly destroyed. Questions regarding this collection should be directed to the school principal, 2381 Ogilvie Road, Ottawa, ON, K1J 7N4, 613-745-9411. Anyone having the right may access this information by contacting the principal. Please keep the school advised of any changes in the above information as soon as possible. Confidential when completed.