



## STUDENT APPLICATION FOR ADMISSION School Year 2015 - 2016

*DSBN Academy is a grade 6 to 12 program designed to prepare and successfully transition students to post-secondary school, with a focus on students who will be the first in their families to graduate from college and university. Eligible students across Niagara may apply to DSBN Academy.*

***Applications Due: Monday January 19th, 2015***

### Need Help or Have Questions?

Contact Andrea Grieve, Elementary Principal or Lisa Nazar, Secondary Principal  
905-684-8708 - [dac@dsbn.org](mailto:dac@dsbn.org)

#### Who can apply to attend DSBN Academy?

*Please review the following checklist before completing this application:*

- Student must be entering grade 6, 7, or 8 in September 2015. (Note: spaces are very limited in grades 7 and 8)
- Student would be the **first in their family** to graduate with a college or university degree. If a sibling of the student has attended a post-secondary institution but the parent(s)/guardian(s) have not, the student is still considered a First Generation Student.
- Student must be achieving current grade level expectations or just below.
- Student has demonstrated the potential for achieving “good” or “excellent” learning skills, particularly initiative, independent work and responsibility.
- Student must be willing to attend a school location that may be out of his/her community. Transportation will be provided for these students.
- Student understands that there is a **mandatory** after-school program that enhances the student experience beyond the classroom. These include enrichment opportunities and academic supports.
- Family is aware that only Grade 9 Academic courses will be offered. Applied courses are not available.
- Families agree to the parent engagement requirement. For more information about parent engagement, please visit our website: <http://academy.dsbn.org/>

#### What is the admission process?

**Step 1:** Complete each section of the application by **printing** and using **dark ink**.

**Step 2:** Submit the completed application to the Principal of your child’s current school.

**Step 3:** The Principal of the student's school will forward the application package to DSBN Academy by **January 30, 2015**.

**Step 4:** The Application Review Committee will review the application package to determine eligibility. Please note that a lottery will be utilized if there are more eligible students than spaces available. Applicants not immediately selected for the program may be placed on a waiting list and will be considered if space becomes available.

**Step 5:** Acceptance letters will be mailed to student address **no later than March 31, 2015**



<b>SECTION 1: APPLICANT INFORMATION</b>	
Applicant Name (First, Middle, Last):	
Please check the grade the applicant is applying to enter for September 2015: <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8	
Date of Birth (Month/Day/Year) :	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address:	Home Telephone:
City:	Postal Code:
Current School:	Current Principal:
<b>SECTION 2: PARENT-GUARDIAN INFORMATION</b>	
To be completed by parent(s) or guardian currently living with student applicant	
Student Applicant currently lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify):	
<b>Parent/Guardian 1:</b>  Name: _____  Relation to student: _____  Work Phone: _____ Cell: _____  Address: (if different than applicant): _____ _____  Email Address: _____  <input type="checkbox"/> No college or university degree <input type="checkbox"/> Some High School completed <input type="checkbox"/> High School graduate <input type="checkbox"/> Attended some College Specify: _____  <input type="checkbox"/> Attended some University Specify _____	<b>Parent/Guardian 2:</b>  Name: _____  Relation to student: _____  Work Phone: _____ Cell: _____  Address: (if different than applicant): _____ _____  Email Address: _____  <input type="checkbox"/> No college or university degree <input type="checkbox"/> Some High School completed <input type="checkbox"/> High School graduate <input type="checkbox"/> Attended some College Specify: _____  <input type="checkbox"/> Attended some University Specify _____

**SECTION 3: STUDENT RESPONSE:** Students are asked to answer in the space provided. Write your answers in complete sentences. Please provide examples to explain your answers to help us get to know you.

**Question 1:** Who or what inspires you to excel and be the best that you can be? Explain who you consider to be a good role model.

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**Question 2:** Explain how you learn best as a student.

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**Question 3:** Based on what you know about DSBN Academy, why do you want to attend?

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**SECTION 4: PARENT/GUARDIAN RESPONSE**

**Question 1:** Explain the reasons why you would like your child to attend DSBN Academy.

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**Question 2:** Parents/guardians are an important part of a student’s academic success; this program requires that parents/guardians demonstrate 15 hours of engagement each school year. What can you do to contribute to the academic success of your child at the DSBN Academy?

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<b>SECTION 5: SIGNATURES</b>	
<b>To be completed by Parent/Guardian and Student (Please use dark ink)</b>	
<i>I certify that all the information in this application is accurate.</i>	
<input type="checkbox"/> I grant permission for DSBN Academy to obtain additional records as needed for the determination of admission and research.	
<input type="checkbox"/> I authorize DSBN staff and the DSBN Academy Selection Committee to access my child's Ontario Student Record (OSR) for the purposes of determining eligibility for the program and ongoing instruction in this program.	
<input type="checkbox"/> I understand that my child must wear a uniform and follow all dress code requirements.	
<input type="checkbox"/> I understand that my child's attendance must be regular and consistent.	
<input type="checkbox"/> I understand that my child may need to return to their home school if he/she is unable to adapt to the rigor and expectations of this program.	
<input type="checkbox"/> As a parent/guardian, I understand that I will be required to meet the parent engagement requirement each school year.	
<input type="checkbox"/> <b>If my child is not currently a DSBN student, I understand that I must attach</b>	
<input type="checkbox"/> all report cards (including progress reports) from previous and current school year	
<input type="checkbox"/> most recent I.E.P. (if applicable)	
Student Name:	Date:
Student Signature	
Parent/Guardian Name:	Date:
Parent/Guardian Signature	
Parent/Guardian Name:	Date:
Parent/Guardian Signature	