

# Student Name (Applicant): \_

Please provide the following information with your application to St. Kateri's Student Services Office on (or before) <u>Friday December 13, 2024</u>.

# Grade 10 Pre-IB - Application Checklist

- □ Application Form (pick up from Student Services Office at St. Kateri)
- □ Credit Counselling Summary
- Students applying from outside of Canada require a Welcome Center
   Assessment. Proof of Residency and Status in Canada (if not born in Canada)
- Teacher recommendation forms, completed by <u>two</u> of your grade 9 academic teachers, to be submitted by the teacher directly to: St. Kateri Tekakwitha C.S.S. Attention - Mrs. Munro.
- □ If student has an Individual Education Plan (IEP), please include a copy

<u>Please Note:</u> You will be notified upon acceptance into the IB Programme by the end of February 2025 provided that the application package is complete and submitted according to given timelines. Upon confirmation of acceptance, non HCDSB students will be asked to complete our school registration package and pay the appropriate fees.

<u>Upon acceptance</u> in the Pre-IB Program at St. Kateri Tekakwitha C.S.S. - the fee structure will be as follows:

- \$65 Student Activity Fee (each year)
- Grade 9: \$300 CDN \*
- Grade 10: \$400 CDN \*
- Grade 11: \$850 CDN \*
- Grade 12: \$1,350 CDN \*

\* Fee structure may be subject to change by HCDSB

<u>Please note that incomplete applications will NOT be accepted.</u>

*Should you have any questions, please contact:* Mrs. Munro (<u>MunroM@staff.hcdsb.org</u>) (289-878-2038)



### STUDENT INFORMATION

Student Name:	Student Name:		
(Month, Day, Year)         Home Address:         (Street Number – No., Street Name, Unit/Apt. No. if applicable, Gity)         Identify province & country if different than Ontario, Canada:         Postal Code:         Home Phone:         Postal Code:         Home Phone:         Current School Address:         (Street No. and Street Name, City, Postal Code)         Current School Address:         (Street No. and Street Name, City, Postal Code)         PARENT/GUARDIAN INFORMATION         (i) Parent/Guardian Name:         (IF Different from Student/Applicant Address)         Work Phone:         Parent/Guardian Address:         (IF Different from Student/Applicant Address)         Work Phone:         (IF Different from Student/Applicant Address)         Work Phone:         (IF Different from Student/Applicant Address)		(Surname/Last	st Name, Given Names/First & Middle – if applicable)
Home Address:	Date of Birth:	·······	Gender:
(Street Number – No., Street Name, Unit/Apt. No. if applicable, City)  Identify province & country if different than Ontario, Canada:  Postal Code: Home Phone: ()  E-Mail:		(Month, D	Day, Year)
(Street Number – No., Street Name, Unit/Apt. No. if applicable, City)  Identify province & country if different than Ontario, Canada:  Postal Code: Home Phone: ()  E-Mail:	Home Address:		
Postal Code: Home Phone: ( ) E-Mail:			
E-Mail:	Identify province a	& country <u>if differ</u>	erent than Ontario, Canada:
E-Mail:			
Current Elementary/Secondary School Name:	Postal Code:		Home Phone: ( )
Current Elementary/Secondary School Name:			
CURRENT SCHOOL INFORMATION         Current Elementary/Secondary School Name:         Current School Address:         (Street No. and Street Name, City, Postal Code)         PARENT/GUARDIAN INFORMATION         (i) Parent/Guardian Name:         (gurname/Last Name, First Name)         Parent/Guardian Address:         (IF Different from Student/Applicant Address)         Work Phone:         Parent/Guardian Address:         (IF Different from Student/Applicant Address)         Work Phone:         (IF Different from Student/Applicant Address)         Work Phone:         (IF Different from Student/Applicant Address)			
Current Elementary/Secondary School Name:			
Current School Address:		-	
(Street No. and Street Name, City, Postal Code)  PARENT/GUARDIAN INFORMATION  (i) Parent/Guardian Name:	Current Elementar	y/Secondary Scho	1001 Name:
PARENT/GUARDIAN INFORMATION         (i) Parent/Guardian Name:         (Surname/Last Name, First Name)         Parent/Guardian Address:         (IF Different from Student/Applicant Address)         Work Phone:         (ii) Parent/Guardian Name:         (iii) Parent/Guardian Name:         (iii) Parent/Guardian Name:         (IF Different from Student/Applicant Address)         Parent/Guardian Name:         (IF Different from Student/Applicant Address)         Parent/Guardian Address:         (IF Different from Student/Applicant Address)         Work Phone:         (IF Different from Student/Applicant Address)	Current School Ad	dress:	
PARENT/GUARDIAN INFORMATION         (i) Parent/Guardian Name:			(Street No. and Street Name, City, Postal Code)
(i) Parent/Guardian Name:			
(Surname/Last Name, First Name) Parent/Guardian Address:		<u>P</u>	PARENT/GUARDIAN INFORMATION
Parent/Guardian Address:	(i) Parent/Guardia	n Name:	
(IF Different from Student/Applicant Address)         Work Phone: ()			(Surname/Last Name, First Name)
Work Phone: ( ) EMAIL:	Parent/Guardian A	ddress:	
(ii) Parent/Guardian Name:			(IF Different from Student/Applicant Address)
Parent/Guardian Address:	Work Phone: (	)	EMAIL:
Parent/Guardian Address:			
Parent/Guardian Address:	(ii) Parent/Guardia	n Name:	(Surname/Last Name, First Name)
(IF Different from Student/Applicant Address) Work Phone: () EMAIL:			
Work Phone: () EMAIL:	Parent/Guardian A	ddress:	
			· * * * * *



### Section A: Student Responses

1. How do you think the International Baccalaureate Programme will benefit you?

2. Outline your interests and achievements:

3. What skills and characteristics do you bring to the programme, to enhance the St. Kateri Tekakwitha C.S.S. community? *Use past experiences as evidence.* 



### Section B: Parent/Guardian Responses

1. What do you hope the International Baccalaureate Programme will do for your child?

2. Describe the work/study habits of your child, both in <u>and</u> out of school:

3. What strengths does your child bring to the International Baccalaureate Programme and to the St. Kateri Tekakwitha Catholic community?

4. What do you think your child's greatest challenge will be regarding the International Baccalaureate Programme, and how will you support them with that challenge?



## **Teacher Recommendation Form (#1)** St. Kateri Tekakwitha Catholic Secondary School 1125 Kennedy Circle, Milton, ON. L9T-5S5

Student/Applicant Name:	Current School Name:			
Teacher Name:	Subject/Level:			

**Instructions for the Student**: Give this form to an academic subject teacher. *Provide your teacher reference an envelope addressed to: St.* Kateri Tekakwitha C.S.S. (Attention: Marisa Munro, Vice-Principal/IB Coordinator). <u>Ask the teacher to send the form directly to St. Kateri Tekakwitha Catholic Secondary School.</u>

**Instructions for the Teacher**: The above student is applying to the International Baccalaureate Programme. This rigorous academic curriculum challenges students to learn in the major disciplines of sciences, mathematics and the humanities.

Please include comments <u>and</u> anecdotal evidence that will help us determine the applicant's suitability for the program. Thank you for your input. Your comments and professional opinion are valued!

Learning Characteristics		G	S	N
Does the student show enthusiasm for learning?				
Does the student monitor their own learning and recognize when external suggestions are valid?				
Is the student an independent and creative thinker?				
Does the student demonstrate leadership and initiative?				
Do you recommend this student for the IB Programme?	e IB Programme? Please circle one:		•	
	YES or NO			

#### (<u>Rating Scale:</u> E-Excellent, G-Good, S-Satisfactory, N-Needs Improvement)

Please add any additional comments that you feel we may find useful regarding this student and their suitability to the International Baccalaureate Programme:



**Teacher Recommendation Form (#2)** St. Kateri Tekakwitha Catholic Secondary School 1125 Kennedy Circle, Milton, ON. L9T-5S5

Student/Applicant Name:	Current School Name:		
Teacher Name:	Subject/Level:		

**Instructions for the STUDENT**: Give this form to an academic subject teacher. *Provide your teacher reference an envelope addressed to:* St. Kateri Tekakwitha C.S.S. (Attention: Marisa Munro, Vice-Principal/IB Coordinator). <u>Ask the teacher to send the form directly to St. Kateri Tekakwitha Catholic Secondary School</u>.

**Instructions for the TEACHER**: The above student is applying to the International Baccalaureate Programme. This rigorous academic curriculum challenges students to learn in the major disciplines of sciences, mathematics and the humanities.

Please include comments <u>and</u> anecdotal evidence that will help us determine the applicant's suitability for the program. Thank you for your input. Your comments and professional opinion are valued!

Learning Characteristics		G	S	N
Does the student show enthusiasm for learning?				
Does the student monitor their own learning and recognize when external suggestions are valid?				
Is the student an independent and creative thinker?				
Does the student demonstrate leadership and initiative?				
Do you recommend this student for the IB Programme? Please circle		ircle one:	•	
	YES or NO			

#### (<u>Rating Scale:</u> E-Excellent, G-Good, S-Satisfactory, N-Needs Improvement)

Please add any additional comments that you feel we may find useful regarding this student and their suitability to the International Baccalaureate Programme:



\_\_\_\_\_

\_\_\_\_\_

Please submit this sheet with your application for the St. Kateri review team:

St. Kateri Tekakwitha C.S.S. Office

Physical Education \_\_\_\_\_

Art \_\_\_\_\_

Technology \_\_\_\_\_

Careers & Civics \_\_\_\_\_

Guidance Counsellor Signature \_\_\_\_\_