



INTERNATIONAL STUDENT EXCHANGE - ONTARIO

www.iseontario.on.ca

SUMMER ADVENTURE PROGRAMS

WITH A CREDIT

• IN FRANCE JULY 11 - 31

★ French : FSF 3U / FSF 2D

prerequisite FSF 2D / FSF 1D

• IN COSTA RICA JULY 13 - 23

★ The Americas : CGD 3M

prerequisite CGC 1D, CGC 1P

(credits granted through Simcoe Muskoka CDSB and Toronto CDSB)

2011 PROGRAM COSTS

• FRANCE \$3990

• COSTA RICA \$2990

Program costs include:

- ➔ on-line segment, course monitoring, class instruction by qualified Ontario teachers
- ➔ credit documentation (through Simcoe Muskoka CDSB or Toronto CDSB)
- ➔ text and learning materials
- ➔ guided tours, excursions and group activities
- ➔ supervised accommodation, meals, admissions
- ➔ return international airfare from Toronto; ground transportation in the host country
- ➔ all inclusive travel insurance with emergency medical
- ➔ program handbook, ISE carry-on bag, ISE administration fee

FRANCE : PAYMENT SCHEDULE

\$490 deposit

\$1750 due May 01

\$1750 balance due June 01

COSTA RICA : PAYMENT SCHEDULE

\$490 deposit

\$1250 due May 01

\$1250 balance due June 01

- ➔ \$200 of the deposit is non-refundable; the remainder of the deposit is non-refundable 30 days before program start
 - ➔ all monies are refunded if space is not available; apply early!
- ➔ deposit and post-dated cheques to be included with the Program Application Form

APPLICATION PROCEDURES:

STEP ONE: Complete the PROGRAM APPLICATION FORM and submit to ISE ONTARIO with payment

STEP TWO: You will then receive the COURSE REGISTRATION FORM

STEP THREE: Submit the completed COURSE REGISTRATION FORM to ISE ONTARIO

★ *Placements are limited - please apply early to avoid disappointment!* ★

ISE ONTARIO: www.iseontario.on.ca info@iseontario.on.ca
tel 705 722 9440 fax 705 722 9440 Suite 486, 65 Cedar Pointe Dr Barrie ON L4N 9R3

SUMMER ADVENTURE PROGRAMS**PROGRAM APPLICATION FORM**

FRANCE (FSF 3U / FSF 2D)
prerequisite FSF 2D / FSF 1D

COSTA RICA (CGD 3M)
prerequisite CGC 1D, CGC 1P

Surname _____ Male _____ Female _____

First Name _____ Birthdate (y/m/d) _____

Home Address _____ City/Town _____

Postal Code _____ Home Phone _____ Email _____

School _____ School Board _____

SCHOOL APPROVAL

ISE ONTARIO in cooperation with Simcoe Muskoka CDSB and Toronto CDSB is offering the following Summer Programs:

FRENCH : FSF 3U / FSF 2D

THE AMERICAS : CGD 3M

in FRANCE (during July)

in COSTA RICA (during July)

The program provides:

- ➔ on-line segment, course monitoring, class instruction by qualified Ontario teachers
- ➔ credit documentation upon successful completion of the course (through Simcoe Muskoka CDSB or Toronto CDSB)
- ➔ text and learning materials ➔ guided tours, excursions and group activities
- ➔ supervised accommodation, use of on-site facilities, meals, admissions
- ➔ return international airfare from Toronto; ground transportation in the host country
- ➔ all inclusive travel insurance with emergency medical

**YOUR SIGNATURE BELOW INDICATES YOUR APPROVAL OF THIS STUDENT'S REQUEST
AND IS CONSIDERED A RECOMMENDATION FOR ADMISSION TO THE COURSE.**

1

Student Services: Guidance Counsellor (please print name) _____ Date _____

Comments: _____

Recommendation: 1 2 3 4 5 (Very Favourable) Signature _____

2

Teacher (please print name) _____ Subject _____ Date _____

Comments: _____

Recommendation: 1 2 3 4 5 (Very Favourable) Signature _____

3

Vice Principal (please print name) _____ Date _____

Comments: _____

Recommendation: 1 2 3 4 5 (Very Favourable) Signature _____

SUMMER ADVENTURE PROGRAMS

FRANCE (French FSF 3U) FRANCE (French FSF 2D) COSTA RICA (The Americas CGD 3M)

PROGRAM APPLICATION

Personal Information **Please carefully complete each question using BLACK ink.*

Legal Surname _____

Legal First/Given Name _____

Male _____ Female _____ Date of Birth (y / m / d) _____

Address _____

_____ Postal Code _____

Home Ph _____ E-mail _____

Citizenship _____ Country of Birth _____

Parent / Guardian Information **Please include information only for persons living at your home address.*

Mother/Other _____ Father/Other _____

Occupation _____ Occupation _____

Work Ph/Cell Ph _____ Work Ph/Cell Ph _____

E-Mail _____ E-mail _____

If parents are separated / divorced, who is the legal guardian of the applicant? _____

Alternate Contact (name & phone) _____

Academic Information

Present School _____

School Board _____

Guidance Contact _____ Phone _____

Principal _____ Vice Principal _____

Grade this year _____

*Attach one
wallet size photo
here, on each copy.

Write your name
on the back
of each photo.*

You are best described as: _____ calm / quiet _____ athletic _____ energetic / outgoing
 _____ socially active _____ academic _____ artistic / musical

List your hobbies / pastimes / clubs / sports / musical instruments or activities practised regularly (in order of priority):

- | | |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

Health Information

Information concerning special health needs is crucial if prompt, effective action is to be taken in an emergency. Complete details are required for effective medical insurance coverage. All information will be treated confidentially.

Specify any allergies, medications, special requirements pertaining to your health:

Describe any special dietary requirements or restrictions:

Provide details regarding any past or present physical or psychological conditions:

Further Information

List the countries and provinces you have visited in the past five years, giving the duration and year of the visit:

Please provide any information which you consider to be important to your success in the program.

Student's Signature

Date

Parent's Signature

Date

CONDITIONS OF PARTICIPATION

1. **I/We consent** to my child’s participation in the SUMMER ADVENTURE PROGRAM. I understand that my submission of an application does not guarantee enrolment in the program.

2. **Deposits and Cancellation**

A deposit of \$490 is submitted with this application, along with two postdated cheques.

All cheques are payable to ISE ONTARIO.

NOTE: \$200 of the deposit is non-refundable; the remainder becomes non-refundable 30 days prior to departure.

All monies are refunded if the course is cancelled.

3. **Insurance**

I/We understand that the program fees cover a travel insurance package which includes emergency out of country medical insurance and flight cancellation insurance.

4. **Medical and Dental Care**

I/We authorize all medical and dental attention for my child, if judged necessary by the supervising Ontario teacher and medical authorities abroad, in the event of an accident or serious illness. I/We understand that every attempt will be made to reach me by telephone in case of emergency.

5. **Exclusion of Liability**

I/We clearly understand that the education authorities and program/school/residence officials of the host country, the Ontario District School Board and school where my child is a resident student, ISE ONTARIO together with its directors, officers, employees and volunteers, and other program officials assume no legal responsibility or liability for participating students.

6. **Group Travel**

I/We understand that my child must travel to and return from the host country with the summer program group, without exception; program fees are based on group travel.

7. **Personal Travel**

I/We agree that travel abroad is permitted only with the summer program group. Independent travel requests will not be considered.

8. **Expulsion from the Program**

ISE ONTARIO and the credit-granting school boards reserve the right to dismiss a student and make return travel arrangements, with no cost or liability to the program authorities, for any of the following reasons:

- A withholding information and/or failure to tell the truth on the application form;
- B use of drugs or abuse of alcohol;
- C failure to attend and be punctual for classes and activities, or failure to do the work assigned;
- D failure to accept the authority of the Ontario teacher(s) and of the program and school officials;
- E breaking the laws of the host country;
- F behaviour that is detrimental to the program.

**I/WE UNDERSTAND AND AGREE TO ABIDE BY ALL OF THE
CONDITIONS OF PARTICIPATION AS OUTLINED ABOVE.**

Name of Parent(s) / Legal Guardian(s)

Signature

Date

Name of Participating Student

Signature

Date
