

MICHAEL POWER • ST. JOSEPH HIGH SCHOOL
APPLICATION FOR ADMISSION
INTERNATIONAL BACCALAUREATE
DIPLOMA PROGRAMME



Candidate's Name _____
Surname, Given Names

Instructions to Candidate:

- a. Complete the Application Form and return it to Michael Power • St. Joseph High School, International Baccalaureate Office.
- b. Enclose copies of the candidate's last two report cards, including teacher comments.
- c. Enclose a copy of the Canadian Achievement Tests (CAT•3/4).

Note 1: All students in Toronto Catholic District School Board have received their CAT•3/4 results. Should you need a copy, please consult your principal.

Note 2: If you are applying from outside the Toronto Catholic District School Board but from within Ontario, if available please include GR. 6 EQAO score in lieu of CAT•3/4 results. If a WISC score is available, please include.

- d. Enclose **one** example of a personal persuasive essay of approximately 300 words on **one** of the following topics:
 1. "Our deeds determine us as much as we determine our deeds." Identify an action or two that you have taken and explain how it has shaped who you are today.
 2. If you were Secretary-General of the United Nations and given the task of creating a better world, what first action would you take and why?
 3. The Kielburger brothers in their *Me to We* and *Free the Children* movements remind us of the importance of being passionate about our role in the world around us. In this spirit, in what area of our world would you most want to make a difference? Why?
- e. Please have the candidate's teacher or principal complete the Confidential Student Assessment Form. This form should be enclosed in a sealed envelope with the principal's signature over the seal. Please include this form with your application package.

Note: this Student Assessment Form is strictly confidential and should not be shared with the student and his/her family.

- f. A non-refundable application fee of \$30.00 payable to Michael Power • St. Joseph High School is required with this application.

Please mail or bring application to the school.
Incomplete applications will not be accepted.

STUDENT INFORMATION

STUDENT NAME: _____
Surname, Given Names

HOME ADDRESS: _____
Street No. Street Name Unit/Apt. No.

POSTAL CODE: _____ HOME PHONE: (____) _____

DATE OF BIRTH: _____ MALE FEMALE

FAMILY INFORMATION

FATHER'S NAME: _____
Surname, First Name

FATHER'S ADDRESS: _____
(If Different from Student's Address)

WORK PHONE: (____) _____ FATHER'S E-MAIL: _____

MOTHER'S NAME: _____
Surname, First Name

MOTHER'S ADDRESS: _____
(If Different from Student's Address)

WORK PHONE: (____) _____ MOTHER'S E-MAIL: _____

SCHOOL INFORMATION

PRESENT ELEMENTARY SCHOOL: _____

SCHOOL ADDRESS: _____
Street No. Street Name City/Postal Code

SCHOOL PHONE: (____) _____ PRINCIPAL: _____
of Present School

HOME SCHOOL: _____
If different than present elementary school

OTHER INFORMATION

DO YOU HAVE SIBLINGS ATTENDING MPSJ? YES NO

IN WHAT GRADE ARE THEY CURRENTLY ENROLLED?

COMMUNITY INVOLVEMENT

Please list any activities in which you have participated during the last two years.
(Examples include sports teams, volunteering, clubs, part-time jobs, parish groups, etc.)

_____	_____
ACTIVITY	DATES
_____	_____
ACTIVITY	DATES
_____	_____
ACTIVITY	DATES
_____	_____
ACTIVITY	DATES

AWARDS

Please list any awards or recognition that you have received. (Examples include awards in academics, music, public service, athletics, etc.)

_____	_____
NAME OF AWARD	DATES
_____	_____
NAME OF AWARD	DATES
_____	_____
NAME OF AWARD	DATES
_____	_____
NAME OF AWARD	DATES

SCHOOL ACTIVITIES

Please list any school activities in which you have been involved during the last two years. (Examples include: theatrical, musical productions, science fairs, fund drives etc.)

_____	_____
ACTIVITY	DATES
_____	_____
ACTIVITY	DATES
_____	_____
ACTIVITY	DATES
_____	_____

IB AND OSSD DIPLOMA

Participation in the IB Diploma Programme will in no way prejudice a student's ability to obtain an Ontario Secondary School Diploma. Courses studied in order to fulfil the requirements of the IB Diploma Programme also earn credits towards an Ontario Secondary School Diploma (OSSD). As a result, upon successful completion of the Diploma Programme, students will receive a diploma from the International Baccalaureate Organisation, issued from Geneva, Switzerland and recognized worldwide, as well as the OSSD diploma.

ADMISSION POLICY

While admission to the IB Diploma Programme is contingent on the success of the application, if you are applying from one of our associate schools then you will be admitted to Michael Power • St. Joseph High School.

Students applying from other than our associate schools and who are not admitted to the IB Diploma Programme, will be redirected to their local Catholic High School or be enrolled on our waiting list for regular admission to Michael Power • St. Joseph High School.

Placement on the waiting list **does not guarantee** admission to Michael Power • St. Joseph High School.

Students accepted into the IB Programme from non-associate schools will be redirected to their local secondary school should they withdraw from the programme prior to the start of Year 1 (Grade 11).

NOTIFICATION OF ACCEPTANCE

The Admission Committee will consider each application carefully. Students may be called for an interview. The decision regarding admission will be communicated to parents by mail.

Please do not phone the school to request acceptance information.

FEES

Most of the costs related to the IB Programme will be incurred by the Toronto Catholic District School Board. Additional fees of \$1200 for the IB Diploma Programme will be paid by the parents/guardian of the student. The fees will be paid in three non-refundable increments of \$300.00 (due with option sheet on grade 8 registration night), \$400.00 (due, with option sheet, February of grade 9) and \$500.00 (due, with option sheet, February of grade 10).

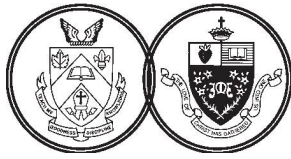
By signing you confirm that all information you provided in this application package is accurate; you agree with the aforementioned statements and terms and acknowledge that they may be changed at any time by Michael Power St. • Joseph High School.

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT SIGNATURE

DATE



MICHAEL POWER · ST. JOSEPH HIGH SCHOOL
APPLICATION FOR ADMISSION
INTERNATIONAL BACCALAUREATE
DIPLOMA PROGRAMME



CONFIDENTIAL STUDENT ASSESSMENT FORM

Student's Name: _____ Date: _____
Surname, Given Names

Present School: _____

Note to Candidate:
 Fill in your name and bring this form to your principal or teacher requesting him or her to complete it. The form must be returned in a sealed envelope with your application.

Dear Principal or Teacher:
 The above student has applied for the International Baccalaureate Programme at Michael Power · St. Joseph High School. Please complete the following form, place in an envelope, seal the envelope and sign through the seal. Please return to student for inclusion with the application package. We thank you for your time and consideration.

ACADEMIC PERFORMANCE PROFILE

PLEASE CHECK USING "X"	OUTSTANDING	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	UNABLE TO JUDGE
ENGLISH						
Reading Comprehension						
Written Expression						
Oral Communication						
FRENCH						
Reading Comprehension						
Written Expression						
Oral Communication						
MATHEMATICS						
Computation						
Problem Solving						
SCIENCE						

In your opinion, do the student's marks reflect their intellectual ability? YES NO
 Please elaborate: _____

CHARACTER PROFILE

PLEASE RATE THE APPLICANT IN TERMS OF HIS/HER:	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	UNABLE TO JUDGE
Attitude to learning						
Integrity						
Leadership Ability						
Motivation						
Relationship with Peers						
Commitment to Task						
Organization						
Ingenuity						
Maturity						
Attendance						
Punctuality						
Behaviour & Conduct						

Is this candidate in a special programme?

FRENCH IMMERSION GIFTED ADVANCED MATHEMATICS
 IDENTIFIED EXCEPTIONAL OTHER

If you chose "other" please explain:

In what co-curricular activities at the school has the applicant been involved?

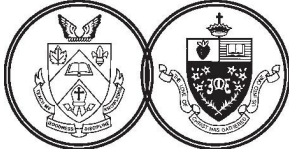
What personal and academic success would you predict for this student in the International Baccalaureate Diploma Programme?

OUTSTANDING VERY GOOD GOOD WITH RESERVATION

***Thank you for taking the time on behalf of this student and
 Michael Power • St Joseph High School.***

 SIGNATURE

 POSITION



MICHAEL POWER · ST. JOSEPH HIGH SCHOOL
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Dear Grade 8 Teacher,

Please have the student who is applying for the IB Diploma Programme work on the personal persuasive essay in your class. They should have time to write and proof the essay before handing it in. Once they have handed in the essay to you, would you kindly fill the form below and submit the essay along with this form. Both the essay and the form must be included in the application package

Thank you for your time and effort.

NAME OF TEACHER: _____

SCHOOL: _____

GRADE: _____

I verify that to the best of my knowledge this essay reflects the work of the student in class.

SIGNATURE

DATE



Toronto Catholic District School Board

Student Registration Form

Admit Date:	Grade:	Teacher:
Student No.:	Class:	Special Ed. Register Yes No
Ontario Education Number (OEN):		Verification Document Type:

Student Information	Surname: _____		First Name: _____		Middle Name: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						
	Preferred Name: Surname _____		First Name _____		Middle Name _____		Date of Birth: (YYYY / MMM / DD)						
	Sibling in school: <input type="checkbox"/> No <input type="checkbox"/> Yes		Medical Information	Health Card No. (include version) Immigration Paper _____		Medical Alert Information or disability: _____		Transportation Required: <input type="checkbox"/> No <input type="checkbox"/> Yes					
	Names _____ _____			Immunization Record Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		_____		Letter of Request Written [] Form Sent in []					
Home Address _____		Number/Street Name _____		Unit # _____		City _____		Postal Code _____		Phone No. _____		Unlisted <input type="checkbox"/>	

Admit Information	Religious Information			If Birth Country Is Not Canada			Previous School Information			
	Baptismal Certificate: <input type="checkbox"/> No <input type="checkbox"/> Yes			Birth Country: _____		Country of Last Residence: _____		Previous School: _____		
	Baptismal Parish: _____			Arrival/Entry Date: (YYYY / MMM / DD)			Phone # _____			
	City/Country: _____			Status in Canada:			Fax # _____			
Current Parish: _____			<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other Visa			Address: _____				
Under Mother _____ Father _____			<input type="checkbox"/> Refuge e <input type="checkbox"/> Student Visa			BOARD _____				
Sacraments received:			Verification:			Reason for Transfer: _____				
<input type="checkbox"/> Baptism Date _____			<input type="checkbox"/> Immigration Papers <input type="checkbox"/> OSR Record <input type="checkbox"/> Passport			SITTER / DAYCARE NAME: _____				
<input type="checkbox"/> Reconciliation Date _____			<input type="checkbox"/> Unable to Establish <input type="checkbox"/> Other			ADDRESS: _____				
<input type="checkbox"/> Eucharist Date _____			Mother tongue: _____			PHONE NUMBER: _____				
<input type="checkbox"/> Confirmation Date _____			Language spoken at home: _____							

Father/Guardian Information	Title Surname		First name		Middle Name		Place of Employment:		
	Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to student:		Access to Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Please check all boxes which apply: <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Custody <input type="checkbox"/> Access to records		Receives mail <input type="checkbox"/> Speaks language of school <input type="checkbox"/>	School support <input type="checkbox"/> Catholic <input type="checkbox"/> Public
	Check contact priority sequence no. (1=high, 3=low) (who do we contact 1 st , 2 nd , 3 rd) Emergencies: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						Phone Numbers: Home: _____ Business: _____ Cellular: _____		
Address (if different from student) Number/Street Name		Unit #		City		Postal Code			

Mother/Guardian Information	Title Surname		First name		Middle name		Place of Employment:		
	Catholic: Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to student:		Access to Student: Yes <input type="checkbox"/> No <input type="checkbox"/>		Please check all boxes which apply: <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Custody <input type="checkbox"/> Access to records		Receives mail <input type="checkbox"/> Speaks language of school <input type="checkbox"/>	School support <input type="checkbox"/> Catholic <input type="checkbox"/> Public
	Check contact priority sequence no. (1=high, 3=low) Who do we contact 1 st , 2 nd , 3 rd) Emergency: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						Phone Numbers: Home: _____ Business: _____ Cellular: _____		
Address (if different from student) Number/Street Name		Unit #		City		Postal Code			

Contact Information (other than a parent)	Title Surname		First name		Middle name		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
	Relationship to student:		Access to Student: Yes <input type="checkbox"/> No <input type="checkbox"/>		Emergency contact is someone (sitter or relatives) that is available between school hours and that you trust to look after your child when the parent / guardian are not available			
	Check contact priority sequence no. (1=high, 3=low) Emergency: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						Phone Numbers: Home: _____ Business: _____ Cellular: _____	
Address (if different from student) Number/Street Name		Unit #		City		Postal Code		

Doctor	Title Surname		First name		Middle name		Phone Numbers: _____	
							Business _____	

Signature: _____				Date: _____			
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**THE TORONTO CATHOLIC DISTRICT SCHOOL BOARD
SECONDARY SCHOOL WAITING LIST APPLICATION FORM
INSTRUCTION SHEET**

FOR ENROLMENT SEPTEMBER 2019

City of Toronto Residents

Please mail the completed form to the Admissions Department along with one of the Proof of Residential Address documents listed below. If completing the supplied form, keep the yellow copy for your records or if you are printing from the computer please make a copy for your files.

Proof of Residential Address Documents (send only one of the following with your application):

- a copy of ownership of residence
- a copy of a recognized lease/rental agreement within Toronto
- a copy of a utility bill (some examples: hydro, telephone/cable)

Applicants with a Residential Address outside the City of Toronto

- Non-Metro Catholic students may apply on a Priority 4 waiting list basis – a copy of your Catholic Baptismal Certificate must be sent in with your Waiting List Application and Proof of Residential Address document (if the Baptismal Certificate is not submitted with the application, students will be placed on the Priority 6 waiting list).
- Non-Metro non-Catholic students may apply on a Priority 6 waiting list basis. A proof of Residential Address must also be submitted.
- if you own property in Toronto but tenants reside at this property, you may not use this address as a claim of Toronto residency. You must apply from where you live.
- Board Policy for non-Metro students states: if possible, parents should direct educational tax support to their home Catholic Board, non-Metro residents will be accepted only if there is space in the school requested.

NOTE→ Every effort will be made to place the applicant in the secondary school of choice; however, there is no guarantee of placement. If space is available, the applicant will be contacted directly by the secondary school. It is recommended that all applicants also apply to a secondary school within their home board. Due to oversubscription in many Catholic secondary schools, your application may remain on a school's waiting list beyond the first day of school. If you do not have a placement by the beginning of September, please contact the Admissions Department for other placement options. All waiting lists are deleted at the end of September.

NOTE→ If you are presently enrolled in another secondary school outside the TCDSB, you are advised to remain registered in that school until/unless accepted at your new school of choice or an alternate.

**Please submit only the required documents with this application.
Incomplete forms or forms submitted without a Proof of Address will be returned.
Applicants may submit only one TCDSB Waiting List Application.**

Thank you!

✓ Completed Applications are to be mailed to:
**The Toronto Catholic District School Board
Admissions & Placement Department
80 Sheppard Avenue East
Toronto, Ontario M2N 6E8**

If you require further information, please visit our website at www.tcdsb.org or contact the Admissions & Placement Department at 416-222-8282, Extension 5320.



PLEASE SEND THE ORIGINAL FORM. KEEP A COPY FOR YOUR RECORDS.

TORONTO CATHOLIC DISTRICT SCHOOL BOARD SECONDARY SCHOOL WAITING LIST APPLICATION FORM FOR SEPTEMBER 2019

OFFICE USE ONLY PRIORITY DATE RECEIVED STUDENT NUMBER

SECTION A

1. STUDENT'S NAME SURNAME (please print) FIRST NAME SECOND INITIAL
2. HOME ADDRESS NO. STREET NAME APT.NO. CITY POSTAL CODE AREA CODE HOME TELEPHONE
3. DATE OF BIRTH year month day GENDER MALE FEMALE RELIGION CATHOLIC OTHER
4. MOTHER/GUARDIAN SURNAME (if different from above) FIRST NAME CELL/WORK PHONE # EXT. RELIGION CATHOLIC OTHER
5. FATHER/GUARDIAN SURNAME (if different from above) FIRST NAME CELL/WORK PHONE # EXT. RELIGION CATHOLIC OTHER
6. SCHOOL PRESENTLY ATTENDING: NAME CITY/COUNTRY
7. WERE YOU EVER REGISTERED IN A TORONTO CATHOLIC SCHOOL? YES NO
8. ENTRY DATE TO CANADA IF APPLICABLE (YY/MM/DD)

SECTION B

1. SCHOOL REQUESTED SEE REVERSE SIDE FOR SCHOOL CODES AND ADDITIONAL INFORMATION
2. FOR WHICH GRADE LEVEL ARE YOU APPLYING? GR. 9 GR. 10 GR. 11 GR. 12
3. FOR GRADE 9 & GRADE 10 STUDENTS ONLY, AT WHICH LEVEL DO YOU WISH TO TAKE YOUR COURSES? LOCALLY DEVELOPED APPLIED ACADEMIC
4. FOR GRADE 11 & 12 STUDENTS ONLY, AT WHICH LEVEL DO YOU WISH TO TAKE THE MAJORITY OF YOUR COURSES? WORKPLACE COLLEGE COLLEGE/UNIVERSITY UNIVERSITY
5. PLEASE LIST A BROTHER/SISTER WHO IS ATTENDING AND WILL BE RETURNING TO THE SAME TORONTO CATHOLIC DISTRICT SCHOOL BOARD SECONDARY SCHOOL IN SEPTEMBER 2017.
6. ARE YOU RECEIVING ANY REMEDIAL ASSISTANCE AND/OR HAVE YOU BEEN FORMALLY IDENTIFIED THROUGH AN IPRC. IF SO, PLEASE SPECIFY
7. HAVE YOU BEEN RECOMMENDED FOR A COMMUNICATION CLASS? YES DO YOU REQUIRE ESL ? (English as a Second Language) YES

SECTION C

1. TO WHICH SCHOOL BOARD ARE YOUR PROPERTY TAXES DIRECTED?
2. ARE YOU A TORONTO CATHOLIC SCHOOL TAX SUPPORTER AS AN OWNER THROUGH BUSINESS ASSESSMENT? YES
IF YES, BUSINESS NAME BUSINESS ADDRESS
STUDENT'S SIGNATURE PARENT/GUARDIAN'S SIGNATURE (if student is under 18 years old) DATE

"Personal information contained on this form is collected under the authority of Section 170 of the Education Act, R.S.O. 1990 and will be used to place the student in a secondary school. Questions about this collection should be directed to the school principal or the parent/guardian."

TORONTO CATHOLIC DISTRICT SCHOOL BOARD SECONDARY SCHOOL WAITING LIST APPLICATION FORM

The applicant's name will be placed on the waiting list for the school requested. If the school has accommodation, the applicant will be notified by the secondary school. You may only apply to one secondary school within the TCDSB.

Please mail this application form to : The Toronto Catholic District School Board, Admissions and Placement Department, 80 Sheppard Ave. E., Toronto, Ontario, M2N 6E8. Proof of residency must be attached or the application will be returned. Although every attempt will be made to place you at your school of choice, we cannot offer any guarantees since demand for a particular school changes from year to year.

Please Note: All transfer students are ineligible for interschool athletic competition until cleared by the Toronto District Colleges Athletic Association (TDCAA). Contact the schools Athletic Director for further details.

SECONDARY SCHOOL CODES

(To be placed in the box beside the name of the secondary school on the front side – Section B, #1)

	AR	Blessed Archbishop Romero Catholic Secondary		MH	Madonna Catholic Secondary
**	BA	Bishop Allen Academy	*	ML	Marshall McLuhan Catholic Secondary
	BT	Bishop Marrocco/ Thomas Merton Catholic Secondary	*	MW	Mary Ward Catholic Secondary
*	BC	Brebeuf College	*	MP	Michael Power/ St. Joseph High School
*	CN	Blessed Cardinal Newman Catholic High School	*	MJ	Msgr. Percy Johnson Catholic Secondary
	CC	Chaminade College		NM	Neil McNeil High School
	DA	Dante Alighieri Academy		ND	Notre Dame High School
	HC	Father Henry Carr Catholic Secondary	*	JP	St. John Paul II Catholic Secondary
	FJ	Father John Redmond Catholic Secondary	**	SO	Senator O'Connor College
	FL	Francis Libermann Catholic High School		SB	St. Basil-the-Great College
	MG	James Cardinal McGuigan Catholic High School	*	JW	St. Joseph's College
	JV	Jean Vanier Catholic Secondary		JM	St. Joseph's Morrow Park Catholic Secondary
*	LA	Loretto Abbey Catholic Secondary		SM	St. Mary's Catholic Academy
	LC	Loretto College		MT	St. Mother Teresa Catholic Academy
				PA	St. Patrick's Catholic Secondary

* The Extended French Program is available as a continuation of French Immersion Program in selected elementary schools.

** These schools have both Extended French and French Immersion Programs.

For information and application for Cardinal Carter Academy, call 416-393-5556.

For information and application for St. Michael Choir School, call 416-393-5518.

**STUDENTS APPLYING TO THE MPSJ IB PROGRAMME FROM OUTSIDE OF CANADA
MUST
CONTACT THE TORONTO CATHOLIC DISTRICT SCHOOL BOARD ORIENTATION CENTRE
AT 783 BATHURST ST, TORONTO, ONTARIO, M5S 1Z5**

CHECK LIST FOR COMPLETION

- ☞ COMPLETED APPLICATION FORM
- ☞ GRADE 7 FINAL REPORT CARD
- ☞ GRADE 8 TERM 1 REPORT CARD
- ☞ 1 PURSUASIVE PERSONAL ESSAY
- ☞ TEACHER VERIFICATION FORM
- ☞ CAT-3/4 OR EQAO OR WISC SCORE
- ☞ CONFIDENTIAL STUDENT ASSESSMENT FORM
- ☞ TORONTO CATHOLIC D.S.B. STUDENT REGISTRATION FORM
- ☞ APPLICATION FEE

Michael Power • St. Joseph High School is a TCDSB School

International Baccalaureate Office
Michael Power • St. Joseph High School
105 Eringate Drive
Toronto, ON CANADA
M9C 3Z7

T. 1.416.393.5529
www.mpsj.ca/ib