

APPLICATION FOR ADMISSION FORM

When submitting your application, please be sure to include the following:

- Signed Application for Admission Form (please fill out one form for each child)
- Non-refundable registration fee CAD \$150.00 for each child (cash, by cheque payable to "Deutsche Schule Toronto" or interac e-transfer to verwaltung@gistonline.ca)
- Copies of the last two report cards. For students transferring during the school year, a current transcript / report card is required.
- Copy of immunization certificate / immunization records
- Copy of birth certificate
- Copy of passport (international students only)
- Copy of official documents regarding the status in Canada (this does not have to be completed until arrival in Canada)
- Copy of legal custody if the parents/guardians are separated or divorced and live apart

Applications will be processed as soon as all documentation and payment of the registration fee is received. Please allow up to 2 weeks for processing. The final decision regarding admission is made by the Head of School.

I hereby apply for the admission of my child beginning on (first day of school): _____

- Estimated duration of enrolment:**
- Full academic year
 - Temporary enrolment until (month): _____
 - Other duration of enrolment: _____

Applying for:

Kindergarten	<input type="checkbox"/> Pre-Kindergarten (3-year-olds; 3 rd birthday before December 31)* ** <input type="checkbox"/> Junior Kindergarten (4-year-olds; 4 th birthday before December 31)* <input type="checkbox"/> Senior Kindergarten (5-year-olds; 5 th birthday before December 31)*
Primary School (Grade 1-4)	Grade: _____
Secondary School (Grade 5-8)	Grade: _____

Extended Afternoon Care to 3:15pm	<input type="checkbox"/>
Extended Afternoon Care to 5:30pm	<input type="checkbox"/>

* The student's birthday must be before December 31 of the respective academic year of enrolment.

** Children in Pre-Kindergarten are not entitled to stay in Afternoon Care and must be picked up by 1:15pm.

1. Student Data

First Name:		Last Name:	
Date of Birth (dd/mm/yyyy):		Gender:	
City and Country of Birth:		Mother Tongue:	
Citizenship:		Ontario Health Insurance Card # (if applicable):	

Ancestry Self Identification (optional):
 This information is collected for statistical reporting purposes.

- Acadian descent
 African descent (Black)
 Asian descent
 East Asian descent
 European descent
 Middle Eastern descent
 South American descent
 Not listed above (please specify):

Why GIST? (optional):
 This information is collected for statistical reporting purposes.

2. Contact Information - Parent / Guardian 1

First Name:		Last Name:	
Street:		City:	
Postal Code		Country:	
Citizenship:		Email:	
Phone # 1:		Phone # 2:	

Able to speak:
 German
 English
 Other:

Employer:		Profession:	
Business Address:		Business Email:	
		Business Phone:	

3. Contact Information - Parent / Guardian 2

First Name:		Last Name:	
Street:		City:	
Postal Code		Country:	
Citizenship:		Email:	
Phone # 1:		Phone # 2:	

Able to speak:
 German
 English
 Other:

Employer:		Profession:	
Business Address:		Business Email:	
		Business Phone:	

4. Languages

Which language/s is/are spoken at home?

Please assess student's ability in each language he/she speaks. Use the following rating:

- 0 - None or no experience** (keine Erfahrung)
- 1 - Novice or beginner** (Anfänger)
- 2 - Intermediate or halting fluency** (Fortgeschrittener Anfänger)
- 3 - Advanced or mostly fluent** (Fortgeschritten)
- 4 - Native or completely fluent** (Muttersprachler)

Please also indicate below how and in which grade the student was exposed to the language.

Language:	Speaking:	Reading:	Writing:	Exposed to language	Studied in grade:

5. Education History & Educational Needs

Current School/Kindergarten:		Grade:	
Contact Person Name:			
Email:		Phone #:	

Previous Schools/Kindergarten attended (starting with most recent school/Kindergarten):

Name of School:	Location (City):	Dates from – to (years):	Grades:

Please indicate below which **language support** your child would benefit from most:

- German Language Support English Language Support

Please indicate if your child has a **diagnosed learning need** such as Dyslexia, ADHD, non-verbal learning disability, etc.:*

* Please attach detailed information and current assessment / diagnosis.

6. Parent Questionnaire

In order to help us get to know your child better, we would appreciate your answers to the questions below.

a) How would you describe your child's personality?

b) What are your child's interests and activities?

c) How does your child respond to new situations and challenges?

d) Describe any areas in which your child has received academic or any other support.
(Please attach relevant evaluations and/or reports)

e) Is there additional information about your child or your family that you would like to include?

7. Sibling Information

Name	Gender	Date of Birth (dd/mm/yyyy):

8. Correspondence

We would like to receive all correspondence in:

English

German

How did you hear about our school?

Internet search

From a current/former family of the German International School Toronto

Print advertisement

Online advertisement / Social Media

Other:

9. Billing Information

The German International School Toronto's Fee Schedules provide for a distinction between local and international* students. Please indicate below if employer support, direct or indirect, is received in respect to Tuition Fees. Employer confirmation will be required.

I hereby confirm that no employer support will be received

Yes, we will receive employer support

*International students include those who are non-permanent residents of Canada subject to a fixed-term entry permit and receive employer support in respect of tuition fees. Local students include citizens and permanent residents of Canada and do not receive employer support in respect of tuition fees.

Signature of Parent / Guardian 1:

Date:

Signature of Parent / Guardian 2:

Date:

Please print, sign and return all applications by mail or email to:

German International School Toronto
25 Burnhamthorpe Road,
Toronto, ON M9A 1G9, Canada
Tel: +1 416 922 6413
Email: admissions@gistonline.ca
www.gistonline.ca