

# Canada International Student Placement Inc. (CISPI)

## CISPI PROGRAM OFFERINGS



Canada International  
Student Placement Inc.

Please submit completed form to: Canada International Student Placement Inc., (CISPI)  
2550 Hobson Road, Ottawa, ON K1V 8M5  
Tel: (613) 601-1596 | Fax: (613) 482-4654  
Email: [paul@cispi.ca](mailto:paul@cispi.ca) or [pat@cispi.ca](mailto:pat@cispi.ca) | Web: [www.cispi.ca](http://www.cispi.ca)

Date of Application: \_\_\_\_\_ Student Name: \_\_\_\_\_

### Level of Education Achieved:

High School (pre-university)  College  University  Other \_\_\_\_\_

### I AM APPLYING FOR THE FOLLOWING PROGRAM(S)

#### DESIRED PROGRAM

##### POST-SECONDARY

*Please identify your  
1st, 2nd and/or 3rd choice.*

**MASTERS** \_\_\_\_\_ preferred program of study  
 **UNDERGRADUATE** \_\_\_\_\_ preferred program of study  
 **COLLEGE** \_\_\_\_\_ preferred program of study

Please scan and email the following:  Transcripts  Copy of Passport  Birth Certificate  
 Language Scores (IELTS)  Third-Party Authorization Form

**SECONDARY** (pre-university, Grade 9-12)  1st Semester (start September)  2nd Semester (start February.)  
 During the school year: Start \_\_\_\_\_ End \_\_\_\_\_  
\*Short term (min. 1month) \_\_\_\_\_ month(s) you would like to study?

**ELEMENTARY SCHOOL** (Grade 7-8)  Start of school year (September)  
 During the school year: Start \_\_\_\_\_ End \_\_\_\_\_

School System:  non-Faith-based public  Catholic-Faith-based public  Independent (Private)

**ADULT ESL**  Dates Preferred: Start \_\_\_\_\_ End \_\_\_\_\_

#### AVENTURO CANADA ([www.aventuro.org](http://www.aventuro.org))

Student international reciprocal exchanges of two-to-six months with the approval of the hosting principal.

- summer reciprocal exchange (July and August)
- school year reciprocal exchange

#### SUMMER VACATION

Each child will stay in a homestay with a Canadian family. All activities will be the responsibility of the homestay family.

4 weeks  6 weeks  8 weeks \_\_\_\_\_ other

#### SUMMER ENGLISH ACTIVITY PROGRAM (beginning late June)

(\*Contact for group pricing for 10+ students)

Each child will stay in a homestay with a Canadian family. For the selected number of weeks the international student participates in a school-based program to develop their English skills with local daily excursions. When not enrolled in the school based program, all student activities will be the responsibility of the homestay family.

2 weeks  
 3 weeks  
 4 weeks  
\_\_\_\_\_ other

#### LANGUAGE CLASSES (continuous intake from mid-September to June)

Language Classes for individuals/short term – intensive ESL instruction in a classroom setting with other international students.

1 month  2 months \_\_\_\_\_ other



### STUDENT INFORMATION

Legal Name: \_\_\_\_\_  
Surname (Family Name) Given Names English Name (if applicable)

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
Month/Day/Year

Address: \_\_\_\_\_  
(In Home Country) Street Address City Province  
Country Postal Code ( Area Code ) Phone Number

Student Email Address: \_\_\_\_\_

Please Indicate Your Level of English:  Beginner  High Beginner  Intermediate  High Intermediate  Advanced

### PARENTS' INFORMATION

(if under aged 18)

\_\_\_\_\_ Father's Full Legal Name Mother's Full Legal Name

\_\_\_\_\_ Primary Email Address Work Number Mobile Number

### ACCOMODATION AND CARE

Students under the age of 18 must be living with an adult custodian living in Canada who is a permanent resident or a Canadian citizen. All international students must live with a family.

- Student will require Homestay Placement
- Student will require Custodianship Arrangement
- Student will live with family member/custodian/other at address indicated below:

\_\_\_\_\_ First Name  Ms.  Mrs.  Mr. Family Name Relationship to Student

Address: \_\_\_\_\_  
(In Ottawa) Street Address City, Province Postal Code

\_\_\_\_\_ Home Phone Number Mobile Phone Email

### HEALTH INFORMATION

Does the student have any allergies / medical conditions / or take any medication?  Yes  No  
If Yes, please describe: \_\_\_\_\_

Does the student have a perceived or documented learning disability, physical handicap, social integration difficulty, behavioural concern or history of criminal behaviour?  Yes  No  
If Yes, please describe: \_\_\_\_\_

### PERMISSION TO RELEASE INFORMATION

This section must be filled out to authorize the agent to receive personal and academic information about the student.

I authorize CANADA INTERNATIONAL STUDENT PLACEMENT INC. to receive personal, school and homestay information electronically  
Name of Agent/Agency

of \_\_\_\_\_ on my behalf.  
Name of Student

Parent (print) \_\_\_\_\_ Signature \_\_\_\_\_

Parent (print) \_\_\_\_\_ Signature \_\_\_\_\_



**MEMORANDUM OF REPRESENTATION**

I, \_\_\_\_\_, PERMIT PAUL BROWN AND/OR PATRICK MULVIHILL DIRECTORS OF CANADA INTERNATIONAL STUDENT PLACEMENT INC. TO ACT ON MY BEHALF IN ALL MATTERS DEALING WITH MY APPLICATIONS TO STUDY IN CANADA. I AUTHORIZE CANADIAN UNIVERSITIES AND OTHER EDUCATION PROVIDERS TO COMMUNICATE DIRECTLY WITH CANADA INTERNATIONAL STUDENT PLACEMENT INC. ON ANY MATTERS DEALING WITH MY APPLICATIONS, PROGRAMS AND ACCEPTANCE TO STUDY IN CANADA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, hereby release Canada International Student Placement Inc. from any and all liability for any harm or loss, regardless of how it is caused during the application process and during my studies in Canada.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date