

Contact:

Collège Saint-Charles-Garnier
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Photo
(electronic pictures
are accepted)

Student Information	
Last name:	
First name:	
Date of birth (DD/MM/YYYY):	Sex (M/F):
Place of birth:	Nationality:
E-mail:	Student cell phone: () Will be used for WhatsApp
Address	
#, street, apt:	Home phone: ()
City:	Postal Code (zip):
Province (state):	Country:
T-shirt size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large	

Current School Information	
School Name:	
Contact at the school	
Name	Position
Phone number: ()	Ext:
E-mail:	

Father	
Last name:	Home phone: ()
First name:	Office phone: ()
E-mail:	Cell phone: () Complete number with country and area code
Occupation:	Date of birth (DD/MM/YYYY):

Mother	
Last name:	Home phone: ()
First name:	Office phone: ()
E-mail:	Cell phone: () Complete number with country and area code
Occupation:	Date of birth (DD/MM/YYYY):

Legal Tutor (if applicable)	
Last name:	Home phone: ()
First name:	Office phone: ()
E-mail:	Cell phone: () Complete number with country and area code
Occupation:	Date of birth (DD/MM/YYYY):

Other Phone Number in Case of Emergency – not parents

Name and relationship with the student:	
Phone number: ()	Cell phone: () <small>Complete number with country and area code</small>
E-mail:	

Physical and Mental Medical Information

Insurance company:		Insurance number:	
International phone number in case of emergency:			
Height:	Weight:	Blood type:	Latest tetanus shot:
Illness			
Previous illness (mark and give approximate dates):			
<input type="checkbox"/> Measles:	<input type="checkbox"/> Mumps:	<input type="checkbox"/> Bronchitis:	
<input type="checkbox"/> Diphtheria:	<input type="checkbox"/> Whooping cough:	<input type="checkbox"/> Dermatitis:	
<input type="checkbox"/> Fracture:	<input type="checkbox"/> Scarlet fever:	<input type="checkbox"/> Chickenpox:	
<input type="checkbox"/> Tonsillitis:	<input type="checkbox"/> Otitis:	<input type="checkbox"/> Other:	
Do you suffer from any of the following health problems? (if yes, mark and specify)			
<input type="checkbox"/> Asthma:	<input type="checkbox"/> Vision trouble:	<input type="checkbox"/> Physical handicap:	
<input type="checkbox"/> Digestion problems:	<input type="checkbox"/> Heart trouble:	<input type="checkbox"/> Epilepsy convulsions:	
<input type="checkbox"/> Diabetes:	<input type="checkbox"/> Skin disease:	<input type="checkbox"/> Breathing problems:	
<input type="checkbox"/> Frequent headaches:	<input type="checkbox"/> Other:		
Comments:			

Allergies

Do you suffer from any allergies or intolerances, such as medicine, pets, food or other? (please specify):
Kind of medicine that you must take for the allergies that you have:

Present State of Physical and Mental Health

Physical restrictions:	
Mental health problems (depression, anxiety, etc.). Are you currently seeing a psychologist or counselor, and will you be in contact with them during your stay in Quebec? Please specify what causes or triggers the condition and how you manage to control it:	
Have you ever experienced a personal and difficult situation (such as bullying, grief, etc.)? If yes, does it still affect you today?	
Learning disabilities (ADHD, dyslexia, etc.):	
If you are taking medication, let us know below all pertinent information (name of medication, prescription, dosage, frequency, secondary effects, etc.):	
Name of your doctor, therapist, etc.:	Phone: ()

Parent or Tutor's Authorization in Case of Hospitalization

In case of emergency, if I cannot be reached, I authorize the doctor chosen by the director of the Program or its representative to hospitalize my child _____, to assure him/her the best care and to prescribe if necessary injections, anesthesia or any other medical intervention.

Parent or Tutor signature: _____

| Date: _____

Family/Home

Please give us the information about your siblings:

Name	Age	Sex (M/F)	Relationship	Occupation

Do you have pets at home? (how many and type):

Activities that you usually do with your family:

Personal Information (Section 1)

Please select the options that best describe your personality:

- | | | | |
|---------------------------------------|---------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Hardworking |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Quiet | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Active | <input type="checkbox"/> Organized | |
| <input type="checkbox"/> Other: _____ | | | |

Please select the options in which you are interested/hobbies:

- | | | | |
|-----------------------------------|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Sports | <input type="checkbox"/> Reading | <input type="checkbox"/> Music |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Cooking | <input type="checkbox"/> Movies | <input type="checkbox"/> Outdoor activities |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Computers | <input type="checkbox"/> Other: _____ | |

Do you smoke/vape? Yes No If yes, please specify how many per day : _____

Do you like dogs? Yes No Do you like cats? Yes No

If you have travelled before, please provide us the following information:

Where:	For how long:
Goal(s) of the trip:	Did you travel alone or with your family?

Academic information

Do you usually do well at school? Yes No Average grade from last year at school: _____

Any subjects where you have difficulty? Yes No Which? _____

How would you rate your French oral skills from 1 to 5 (1 = beginner, 5 = very advanced)?

How would you rate your French writing skills from 1 to 5 (1 = beginner, 5 = very advanced)?

How long have you studied French?

Personal Information (Section 2)

Adaptation

How do you feel about living in an environment where everything will be different and new for you (language, family, school, food, etc.)?

How do you feel about living away from your family and your friends?

Do you find it easy to adapt to new situations? Explain the strategies that you use to help you.

Explain how you will make an effort to participate in activities with your host family.

How do you see yourself spending time with your host family, rather than "hanging out" with your friends during evenings and weekends?

What will be your reaction if your host family has a lot more rules and stricter rules than the ones you have at home?

What do you think about making efforts every day to speak in French and participate in the school activities?

Specific Information

Religious beliefs:

Regular time when you go to bed during the week and the weekend?

Other:

Participation in The Program

What motivated you to enroll in this program?

Name some activities you would like to do during your stay in Quebec City:

Have you every participated in another program like this one (where and how long)?

Have you ever visited Quebec City before (provide dates)?

Information to select your host family

For each of the following items concerning your host family, check below the column that best corresponds to your wishes (we will try to match all your requests)

	Necessary	Desirable	Not Important
A. No pets: dogs			
B. No pets: cats			
C. Vegetarian food			
D. Family with musical instruments (piano, guitar, etc.)			
E. Family with young kids			
F. Family that does a lot of activities			
Other:			

GIRLS ONLY: Do you agree to be with a family where you will have a “male brother”? If so, you agree to have a “brother” no older than what age?

Eating Habits

Is there anything that you do not like to eat (do not mention allergies)?

Note: There may be an extra cost (\$) for any particularity in diet such as: lactose-intolerant, gluten-free, vegan, etc.

Text

In a short text, in English or in French, introduce yourself. Tell us about:

- Your family (parents, siblings, etc.)
- Your personality (are you independent, shy, sociable, respectful, etc.)
- A typical weekend
- Why do you want to come to Quebec City?

Please send at least 5 recent color pictures of you and your family

Section for Parents or Tutor

Does your child have any difficulties learning? (Problems with study techniques, concentration, managing stress, time management, etc.)

Has a psychiatrist, counsellor, or other, followed your child due to a personal or mental health issue (depression, etc.)

Parents should be aware of the information given by their child. Feel free to write other remarks that you would like to bring to the attention of either the administration or host family.

Are you planning to let your child spend the Christmas holidays (two weeks) with his/her host family?

French High School – Course and Profile Selection

Please complete the table below that corresponds to the grade you will study in Quebec City

French High School – Course and Profile Selection				
Please complete the table below that corresponds to the grade you will study in Quebec City				
	1e secondaire (7 th)	2e secondaire (8 th)	3e secondaire (9 th)	4e secondaire (10 th)
Mandatory Courses	<ul style="list-style-type: none"> Oral French (FSL) Written French (FSL) English Math Science and Technology Ethics and Culture Geography Physical Education 	<ul style="list-style-type: none"> Oral French (FSL) Written French (FSL) English Math Science and Technology Ethics and Culture Geography Physical Education 	<ul style="list-style-type: none"> Oral French (FSL) Written French (FSL) English Math Science and Technology Ethics and Culture Geography Physical Education 	<ul style="list-style-type: none"> Oral French (FSL) Written French (FSL) English Spanish Math Science and Technology Ethics and Culture History Physical Education
Art	<p><i>One option will be assigned. Please indicate in order of preference (1, 2 or 3).</i></p> <p style="text-align: center;"> <input type="checkbox"/> Dramatic Arts <input type="checkbox"/> Plastic Arts <input type="checkbox"/> Music </p>			
Profiles Options	<p><i>One option will be assigned. Please indicate in order of preference (1, 2 or 3).*</i></p>			
	<input type="checkbox"/> Science <input type="checkbox"/> Robotics <input type="checkbox"/> World & Culture <input type="checkbox"/> Visual Arts <input type="checkbox"/> Singing <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Dance <input type="checkbox"/> Basketball <input type="checkbox"/> Golf <input type="checkbox"/> Soccer	<input type="checkbox"/> Science <input type="checkbox"/> Robotics <input type="checkbox"/> World & Culture <input type="checkbox"/> Visual Arts <input type="checkbox"/> Singing <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Dance <input type="checkbox"/> Basketball <input type="checkbox"/> Golf <input type="checkbox"/> Soccer	<input type="checkbox"/> Science <input type="checkbox"/> Visual Arts <input type="checkbox"/> Singing <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Dance <input type="checkbox"/> Basketball <input type="checkbox"/> Golf <input type="checkbox"/> Soccer	<input type="checkbox"/> Visual Arts <input type="checkbox"/> Singing <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Dance <input type="checkbox"/> Basketball <input type="checkbox"/> Golf <input type="checkbox"/> Soccer
5e secondaire (11 th)				
Mandatory Courses	Art Options	Profile Options		
<ul style="list-style-type: none"> Oral French (FSL) Written French (FSL) English Financial Education Math Contemporary World Ethics and Culture Geography Physical Education 	<p style="text-align: center;">Please indicate in order of preference (1, 2 or 3). One option will be assigned.</p> <p style="text-align: center;"> <input type="checkbox"/> Dramatic Arts <input type="checkbox"/> Plastic Arts <input type="checkbox"/> Music </p>	<p style="text-align: center;">Please indicate in order of preference (1, 2 or 3). Two options will be assigned.</p> <p> <input type="checkbox"/> Multi-Sport <input type="checkbox"/> Chemistry <input type="checkbox"/> Physics <input type="checkbox"/> Geography <input type="checkbox"/> English Immersion <input type="checkbox"/> Journalism <input type="checkbox"/> History </p>		

*Each option has an extra cost. Please refer to our Profile Summary document for more details.

Final Section

Parental Authorization

I authorize the school:

1. to apply necessary/mandatory/required vaccination to my child.
Yes No
2. to take individual or group pictures of my child during school activities, outings and events.
Yes No
3. to publish pictures of my child on school website and other promotional materials.
Yes No

I certify that the information given upon registration by my child or me is true, correct and complete. I fully understand that providing false information or failing to provide important information about the physical or mental health of my child could lead to the participant's expulsion from the program.

Signatures

Student name: Signature: Date:

Parent/Tutor name: Signature: Date:

Parent/Tutor name: Signature: Date: