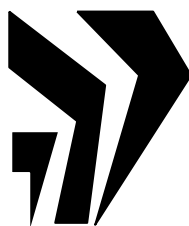


MIND High School

MIND High School
4563 St. Urbain St.
Montreal, Québec
H2T 2V9
Tel (514) 842-0792

www.emsb.qc.ca/mind

English Montreal School Board



APPLICATION PACKAGE

2019-2020

APPLICATION PROCEDURE

All students entering grades 9, 10 and 11 are eligible to apply for acceptance to MIND. It is a public school within the English Montreal School Board (EMSB). As there are a limited number of student places available, we look for candidates who would benefit from the approach the school offers.

To this end, we ask that students and parents inform themselves about the school's mandate before completing an application. We invite you to attend our yearly **Open House** to find out about the school. Information is also available on our websites www.emsb.qc.ca/mind

Interested students should call the school to arrange an **interview** time. The interviews take place during school hours on specific professional days scheduled throughout the year. A parent or guardian must attend and the student should bring to the interview the documents listed on the 'Information for Candidates' page of this booklet (**see page 2**). A decision by the school regarding a student's candidacy cannot normally be made until all the relevant documents have been received. Within two to three weeks of the interview, a decision will be communicated to the student. In certain cases, however, the decision may be deferred until final grades have been received. If a student is accepted, the acceptance letter will include a request for the **activity fee of \$115.00**.

Information concerning the following school year will be sent out during the summer. A **Parent/Student Handbook** will be given to each student at the beginning of the academic year. It is crucial that each family familiarize itself with this handbook as it details all the MIND rules, regulations and procedures.

Students should bring to the first day of school the following:

1. June report card
2. Summer School results (if applicable)
3. MEQ Relevé de notes/Statement of marks (gr. 11 students)
4. The \$115.00 activity fee (All cheques should be made out to MIND High School, and if it's post-dated please attached a note indicating this)

If you have any questions, please call the MIND staff at: (514) 842-0792.

INFORMATION FOR CANDIDATES

A. To be considered for acceptance at MIND, you must provide the following documents, which **must** be **originals**. We will make copies here.

1. Birth Certificate
 - Students born in Quebec - **see page 3 section A**
 - Students born outside Quebec - **see page 3 section B or C**
2. Certificate of Eligibility
3. Final report card from LAST school year
4. Most recent report card from CURRENT school year
5. Transcripts of marks (MEQ Relevé de notes) if applying for grade 11

B. Some students may need an Interboard Agreement:

Students living within the English Montreal School Board (EMSB) territory can attend a school in the EMSB territory, but must validate their place of residence (no Interboard Agreement required).

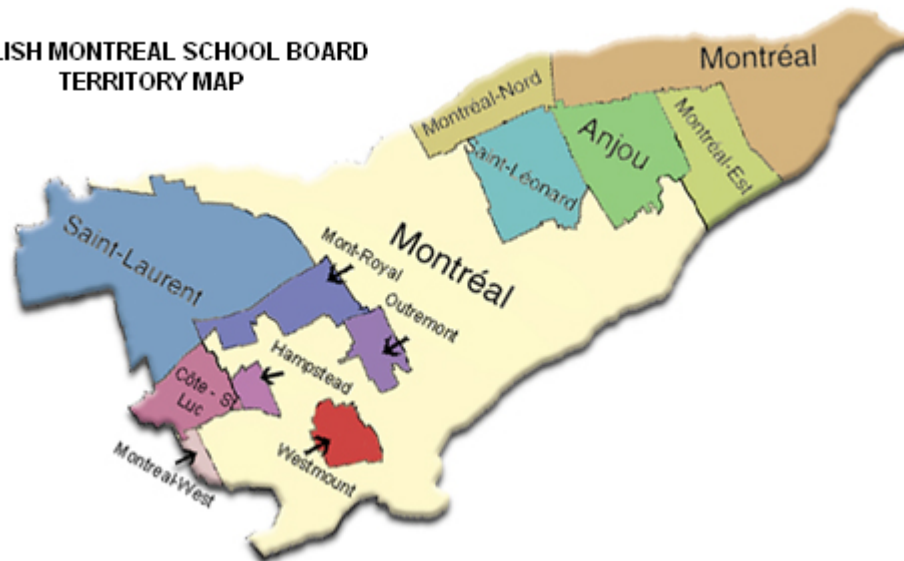
Students living outside the EMSB territory who want to attend MIND must obtain an Interboard Agreement from their board of origin.

On page 3 you will find a map outlining the territory boundary for the English Montreal School Board.

C. The following forms must also be completed before your interview:

1. Student Agreement
2. Student Response Form
3. Parent / Guardian Response Form
4. Contact Information / Parent Participation Form
5. Consent to Photograph Form
6. Consent for Outside Activities Form
7. Student Registration Form
8. Emergency Health Form

**ENGLISH MONTREAL SCHOOL BOARD
TERRITORY MAP**



REGISTRATION DOCUMENTS

A. Student born in Quebec

- Birth Certificate of a child born in Quebec (Must include parents' names) **OR**
- Quebec Baptism Certificate (Issued before January 1994) **OR**
- Judgement of adoption

B. Student born outside Quebec but in Canada

- Birth Certificate of a child born in Canada (Must include parents' names) **OR**
- Canadian Baptism Certificate **OR**
- Canadian Passport **OR**
- Canadian Citizenship Card **OR**
- Certificate of Native Status **OR**
- Judgement of adoption

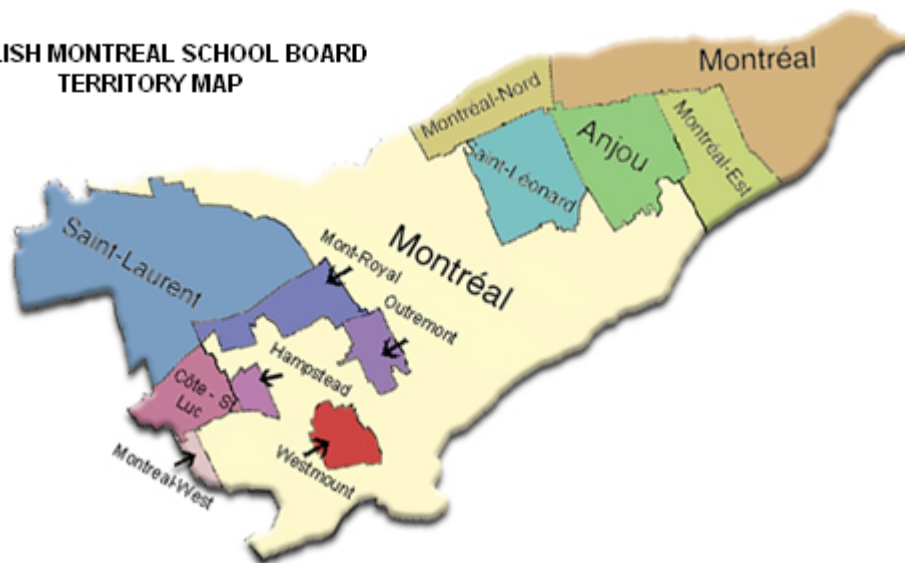
C. Student born outside Canada

1. Child is a Canadian Citizen:
 - Canadian Citizenship Card
2. Child is a Permanent Resident:
 - Landed Immigrant Form IMM-1000 (Showing date and signature in blocks 45 & 47)
3. Student on refugee status:
 - Valid Attestation of Identity
 - Valid Certificate of Selection of Quebec (cat. R8)
4. Child of a parent who is a representative or officer of a country other than Canada **OR**
Child of a parent who is a member of an International Organisation:
 - Letter of protocol of parent
5. Child of a parent on temporary status:
 - Valid student authorisation of student
 - Valid employment authorisation of parent
6. Child is coming for a "foreign student exchange program" for one year only:
 - holds a Certificate of Acceptance of Quebec and who is on a "foreign student exchange program for one year only.

FOR STUDENTS LIVING OUTSIDE THE EMSB TERRITORY

Students living outside the EMSB territory who want to attend MIND must obtain an Interboard Agreement from their board of origin. Please contact your school board's Registration Services to make the necessary arrangements.

ENGLISH MONTREAL SCHOOL BOARD
TERRITORY MAP



STUDENT AGREEMENT

MIND is a school with set structures and rules. It offers all the required courses under the Quebec curriculum as well as many options to suit individual needs.

The school day begins at 9:00 a.m. and finishes at 3:00 or 4:00 p.m. depending on the courses taken. An individual may have Directed Study time during the school day to complete their homework or get extra help. Classes are 55 minutes long, beginning at 5 minutes after the hour. Students are expected to arrive to their classes on time or they will be marked absent. **In case of absence, it is the parent's responsibility to call and inform the school and the student's responsibility to approach his/her teacher for missed work.** Personal activities (doctors' appointments, job interviews, etc.) should be scheduled outside school time whenever possible.

Class attendance, including seminar series, is compulsory. All assignments are mandatory. Teachers may penalize or refuse late work.

No drugs or alcohol are allowed in the school or at school-related activities. It is also forbidden to come to school under the influence of illicit drugs or alcohol. Violence of any kind will not be tolerated. All members of the school are expected to behave responsibly and cooperatively in all aspects of school life.

The Principal, Head Teacher and teaching staff will review the case of any student with unsatisfactory attendance, work, or behaviour. The staff may ask a student to leave the school if it is determined that MIND is not the appropriate educational setting for him/her.

I have read, understand and agree to the above school structures. I am fully aware of the nature of the school and the implications of registering here. I recognize that if I do not meet the standards of attendance, work and attitude required at MIND, I may be asked to leave.

STUDENT NAME: _____

SIGNATURE: _____ **DATE:** _____

As a parent/guardian of the above student, I give my consent for him/her to be enrolled at MIND and agree to the structures summarized above.

PARENT/GUARDIAN NAME: _____

SIGNATURE: _____ **DATE:** _____

3. What were the best aspects of your former school? What were the worst aspects?

4. What do you feel you could contribute to MIND?

5. Describe yourself as a student.
(Motivation, academic strengths/weaknesses, schoolwork/homework habits, learning interests)

STUDENT NAME: _____

PARENT/GUARDIAN RESPONSE FORM

1. How do you feel that MIND High School could benefit your son or daughter?

2. How do you perceive your role in a school like MIND?

3. What are your son or daughter's qualities as a student?
(Motivation, academic strengths/weaknesses, schoolwork/homework habits, learning interests)

4. Has your son or daughter ever been tested for learning difficulties? If so, what were the results?

CONTACT INFORMATION FORM

2019-2020

Student's Name: _____
(please print clearly)

MIND TELEPHONE CHAIN

Parent/Guardian's Name: _____

Parent 1 **Parent 2** **Guardian**

(please print clearly)

Phone number: _____

MIND EMAIL LIST

Parent/Guardian's email: _____

Parent 1 **Parent 2** **Guardian**

(please print clearly)

Student's email: _____
(please print clearly)

PARENT PARTICIPATION FORM

In an effort to facilitate the direct involvement of parents/guardians from the MIND community, please indicate below the area(s) in which you might participate.
Thank you for your support.

- () **Baking/Food Committee** (help provide baked goods/food for special events)
- () **Community Council Representative** (meets on Tues. evenings, a minimum of 5 times per year)
- () **Driver** (occasional help with the transportation of students or items for the school)
Please indicate the type of vehicle available: _____
- () **Graduation Committee** (help organize the graduation ceremony and dinner)
- () **Special Events Committee** (help organize events such as Coffee House, Open House, Outings)
- () **Telephone Committee** (help organize and/or make calls for the phone chain)
- () **Volunteer Parents' Committee** (help organize and coordinate parental involvement)



Commission scolaire
English-Montréal
English Montreal
School Board

2019-2020

APPENDIX A

Consent to Photograph, Record, Video Students and Publish, Display, Distribute or Broadcast Students' Image or Work and Assign Student Email

During the course of the school year, students at **M.I.N.D. HIGH SCHOOL** are occasionally videotaped, recorded and or photographed for a variety of reasons, including school awards, special recognition, yearbooks, video projects and news programming. The student's name, school and grade may accompany such photographs, videos and web pages.

Some of these photographs / video images are published, displayed, distributed or broadcast outside of the school network and in these cases the School Board is required to obtain consent.

Also, during the school year, an email address may be assigned to a student.

Please fill in the requested information and check either Yes or No below to indicate whether you wish to give or not give your consent.

Student Name: _____
Please print clearly

School: _____

Grade: _____ **Room:** _____ **Teacher:** _____

I hereby release the school and the School Board from any liability or damages resulting from or connected with:

The photographing, recording or video of a student: Yes: _____ No: _____

The publishing, displaying, distribution or broadcasting of image/work: Yes: _____ No: _____

The assignment of an email address: Yes: _____ No: _____

Signature: _____ **Date:** _____
Parent / Guardian / Adult Student

Please return this signed form to the Principal by: _____
September 6, 2019
Date

If you have any questions, please call the Principal at: _____ (514) 842-0792 _____

M.I.N.D. High School

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CONSENT FOR OUTSIDE ACTIVITIES

2019-2020

I understand that my child may be outside the school building at various times during the school year for activities such as field trips, sports, individual and group projects, etc. I know that he/she may not always be accompanied by staff on such occasions. I permit my child to participate in such activities and agree that neither the school nor the staff will be held legally responsible for any mishap that may occur.

Student Name: _____

Please Print Clearly

Name of Parent/Guardian: _____

Please Print Clearly

Signature: _____

Date: _____

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_____ s of more

Date _____ / _____ / _____
Year Month Day

Emergency Health Record

School Year: 2019-2020

Additional Information

(Fill only if your child has health problems that might require immediate intervention at school)

Has your child's state of health changed since last year: Yes No

Does your child suffer from:

| | | | |
|--|------------------|--|-----------------------------|
| SEVERE ALLERGY: | To food: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | To Insect Bites: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Other: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, specify: _____ | | | |
| _____ | | | |
| Emergency medication: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Epipen: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Other: _____ | | | |

| |
|---|
| DIABETES: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Emergency medication: Yes <input type="checkbox"/> No <input type="checkbox"/> Specify: _____ |
| Emergency care required, in case of hypoglycemia, specify: _____ |
| _____ |

| |
|---|
| OTHERS: Does your child suffer from any other problems that might require immediate assistance at school: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, specify: _____ |
| Medical recommendation in case of emergency: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, specify: _____ |

| |
|---|
| I authorize the CLSC nurse to communicate the above information to the school staff that might be required to assist my child in case of emergency. |
|---|

signature of parent, guardian or youth of 14 years of more

Date _____ / _____ / _____
Year Month Day

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Will your child be absent because he/she is sick?



Will he/she be late or absent due to an appointment?



If your child will be absent or if he /she is going to be late, PLEASE contact the school at the above number. You can leave a message on the voicemail at any time during the day and night.

If you don't call us, we are obliged to call you!

