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

2021-2022

APPLICATION PROCEDURE

All students entering grades 9, 10 and 11 are eligible to apply for acceptance to MIND. We are 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.

Interested students and parents 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 family. 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 M.I.N.D. 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. MEES-Record of Achievement (gr. 11 students)
- 4. The \$115.00 activity fee (All cheques should be made out to MIND High School,

(If it's post-dated please attached a note indicating this)

If you have any questions, please call the M.I.N.D. office at: (514) 842-0792.

INFORMATION FOR CANDIDATES

- **A.** To be considered for acceptance at M.I.N.D., you must provide the following **original** documents. Certified copies will be made by the school.
 - 1. Birth Certificate
 - Students born in Quebec see page 4 section A
 - Students born outside Quebec see page 4 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 (MEES-Record of Achievement) if applying for Grade 11
- **B.** Some students may need an Interboard Agreement:

Students living outside the EMSB territory, who want to attend M.I.N.D. must obtain an Interboard Agreement from their board of origin.

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).

On page 5 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. Portfolio
 - 4. Parent / Guardian Response Form
 - 5. Contact Information / Parent Participation Form
 - 6. Consent to Photograph Form
 - 7. Consent for Outside Activities Form
 - 8. Student Registration Form
 - **9.** Emergency Health Form

REGISTRATION DOCUMENTS

A. Student born in Quebec

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

B. Student born outside Ouebec but in Canada

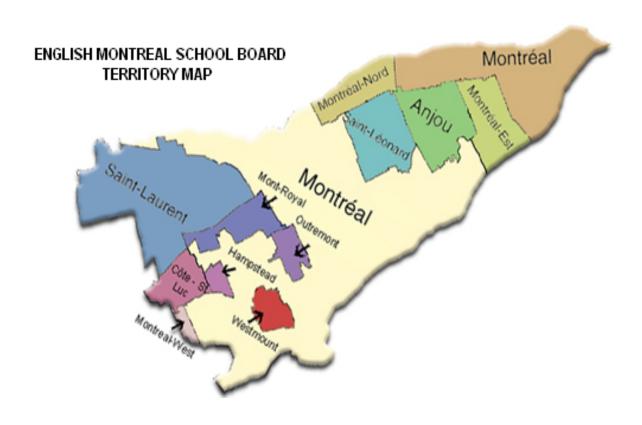
- Birth Certificate of a child born in Canada (Must include parents' names) **OR**
- Canadian Baptism Certificate OR
- Canadian Passport OR
- 2 Canadian Citizenship Card **OR**
- Certificate of Native Status OR
- 2 Judgement of adoption

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 M.I.N.D. must obtain an Interboard Agreement from their board of origin. Please contact your school board's Registration Services to make the necessary arrangements. Your child will not be able to attend unless this document is provided.



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 and interests.

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 <u>parent's responsibility</u> to call and inform the school and the <u>student's responsibility</u> 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 student may be asked to leave the school if it is determined that MIND is not the appropriate educational setting to achieve success.

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 at MIND. 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 ab MIND and agree to the structure	ove student, I give my consent for him/her to res summarized above.	o be enrolled at
PARENT/GUARDIAN NAM	E:	
SIGNATURE:	DATE:	

STUDENT NAME:	

STUDENT RESPONSE FORM

Please thoroughly complete the following form. Include a separate sheet of paper if you do not have enough room here. Your responses will be addressed during the interview.

We will require you to include a Portfolio of written work:

- Samples of writing assignments from English and French classes
- A sample of work that you are proud of (either something completed in school or outside of school)

1. Why do you think that MIND is the right school	for you?
2. What would you contribute to MIND if you were	e to be accepted at the school?
3. What do you like about your current school?	

4. What tools and/or strategies do you use to organize your schoolwork (agenda, calendar, dig platforms)?
5. What approach do you use to complete schoolwork/homework? What additional strategies do you use when you are feeling uninterested/unmotivated?
6. Describe some of your academic strengths. In what areas do you feel you need more support?

7. Do you have an idea of what field or or skills do you think you will need to dev	ecupation you would want to pursue in the future? What velop in order to meet this goal?
8. Have you had any experience with the	following practices:
Mindfulness:	_
Yoga:	
Meditation:	
9. Would you be open to practicing these	disciplines?

STUDENT NAME:

PARENT/GUARDIAN RESPONSE FORM

1.	Why do you think your child is the right student for MIND?	
2.	How do you perceive your role in your child's education?	
3.	How do you perceive your role in the school community?	
4.	What have previous teachers described as your child's strengths and areas for improvem	nent?

hat were the results? Please es any psycho-social
rgies, something in the child's

$\frac{CONTACT\ INFORMATION\ FORM}{2020\text{-}2021}$

Student's Name:	
(please print clearly)	
Student's email:(please print clearly)	
TELEPHONE/EMAIL IN	FORMATION (please print/write clearly)
Name:	Phone number:
Email:	
Parent 2	
Name:	Phone number:
Email:	
Guardian (If applicable)	
Name:	Phone number:
Email:	
PARENT PARTICIPATION FORM	
In an effort to facilitate the direct involved below the area(s) in which you might particularly for your support.	vement of parents/guardians from the M.I.N.D. community, please indicate articipate.
() Baking/Food Committee (help pro	ovide baked goods/food for special events)
() Community Council Representati	ive (meets evenings, a minimum of 5 times per year)
() Graduation Committee (help orga	anize the graduation ceremony and dinner)
() Special Events Committee (help o	organize events such as Coffee House, Open House, Outings)
() Telephone Committee (help organ	ize and/or make calls for the phone chain)
() Volunteer Parents' Committee (he	elp organize and coordinate parental involvement)



2021-2022

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 **MIND 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 EMSB 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 Nam	e:		
Please print cl	early		
School: MINE	O High School		
Grade:	Room: T	eacher:	
•	elease the school and the Soom or connected with:	chool Board from a	iny liability or damages
The photogra	phing, recording or video of a stude	ent: Yes:	No:
The publishin of image/wor	g, displaying, distribution or broadd k:	_	No:
The assignment	ent of an EMSB email address:	Yes:	No:
Signature:	Parent / Guardian / Adult Student	Date:	
Date			
If you have an	y questions, please call the Principal a	at: <u>(514) 842</u> -	-0792

M.I.N.D. High School

4563 St. Urbain Montréal, QC H2T 2V9 Tel: (514) 842-0792

CONSENT FOR OUTSIDE ACTIVITIES

2021-2022

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:			

Emergency Health Record

School Year: 2021-2022

General Information

<u>Student</u>				
Last Name:		School Grade:		
First Name:		Language spoker	n at home:	
Address:				
		appt #	City	Postal Code
Street number & Street	et Name	_		
Sex: F M		Date of birth:	year month	/
Health insurance Number:		Expiry date: _	year month	
			,	
Person Legally Responsible Relationship to student: Last Name: First Name: home: work: other: In order to insure the health and	Relationship to student: Last Name: First Name: home: work: other:			of health
problems that might require in insect bites, diabetes, etc)	ımediate inter	vention at school	(severe allergy to	food or
Does your child suffer from such	ch a health prob		No [] mplete the back o	f the sheet
Please inform the school of any on.B. The information contained	in this sheet w	rill only be transm	nitted to the school	
staff who may be required to ass	ist your child in	n case of emergen	icy.	
signature of parent, guardian or you	th of 14 years of m	Date	Year / Mont	h /

Emergency Health Record

School Year: 2021-2022

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 Insect Bites:	Yes Yes Yes Yes	No 🗌
If yes, specify:			
Emergency medication: Other:	Yes No No		Epipen: Yes No
DIABETES: Yes \(\subseteq \text{No} \subseteq \)			
Emergency medication: Yes \(\scale \) No \(\scale \) Specify: \(\scale \)			
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 \(\subseteq \) No \(\subseteq \)			
If yes, specify:			
Medical recommendation in case of emergency: Yes ☐ No ☐ If yes, specify:			
ii 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.			
		D	Date//
signature of parent, guardian of	or youth of 14 years of more		Year Month Day

M.I.N.D. High School 4563 St. Urbain St. Montréal, QC H2T 2V9

Tel.: (514) 842-0792, Fax: (514) 842-6097

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!