Program Information

About the Pre-Advanced Placement Program:

The Pre-Advanced Placement Program at Lakeshore Collegiate Institute provides enriched courses in Science and English for students entering grades 9, 10 or 11 in September 2017. Pre-AP classes are challenging courses that are suitable for students with strong independent learning skills and high motivation, including those identified as Gifted. These courses focus on the Ontario curriculum while building mastery and skills required to succeed on Advanced Placement exams written in the grade 12 year. All students who are interested in the academic challenges of university-level courses should complete an application. Please see lakeshorecollegiate.ca or apcanada.collegeboard.org for more information about AP courses.



Application Requirements:

All students applying for the Pre-AP Program are required to submit a completed application, copies of their two most recent report cards, a confidential letter of recommendation from a teacher or principal, and a personal statement. Students who live outside of the LCI cachement area must also submit an optional attendance form.

Application Deadline:

Thursday, December 8, 2016 at 3:45pm. Please submit all application materials to

Lakeshore Collegiate Institute Student Services
Attn: Pre-AP Coordinator
350 Kipling Avenue
Toronto, Ontario
M8V 3L1
416-394-7650

Cost:

There is no fee to apply.

Notification of Acceptance:

Students will be notified directly of their acceptance into the program in mid-January. Specific course selection information will also be given at this time.

Admission to Lakeshore Collegiate:

Students who apply for the Pre-AP Program at Lakeshore Collegiate must also apply to the school through the regular TDSB admission process. Students who live outside of the area must also fill out and submit a TDSB Optional Attendance form.

Additional application forms are available at http://www.lakeshorecollegiate.ca.

Section A: Student Information Student Name: __ (Please Print) Surname Given Name(s) **Mailing Address:** Street # **Street Name Apartment** City **Postal Code** Telephone # Current School: Date of Birth _____ Present Grade: ____ Parent/Guardian Name: _____ Parent Daytime Telephone: ______ Evening Telephone: _____ Parent/Guardian Email Address: _____ Date Student Signature Parent Signature Date **Application Form Checklist** Please ensure that all application materials are complete and included when submitted to the Lakeshore Collegiate Student Services department by Thursday, December 8, 2016 at 3:45p.m. The following materials must be included in your application: Completed and signed Section A: Student Information form ☐ Sections B, C, D and E completed by the Applicant Recommendation Form completed and returned in a sealed envelope Photocopy of the two (2)most recent available report cards ☐ TDSB Optional Attendance Form, if Lakeshore Collegiate is not your home school Personal information contained on this form or personal information collected on behalf of the TDSB is collected under the authority of the Education Act and in compliance with Sections 14, 31 and 32 of the Municipal Freedom of Information and Protection Act, 1989. This information is required to register and place the student in the school system, or for a consistent purpose such as the allocation of staff and resources. For Office Use Only:

Decision: _

Reviewed by : ____

Contact Made: ___

Section B: Student Statement

This section must be completed by the student in blue or black ink. In the space below, explain why you would like to take Pre-AP courses and what skills and characteristics you possess that make you a good candidate for the program.				

Personal information contained on this form of personal information collected on behalf of the TDSB is collected under the authority of the Education Act and in compliance with Sections 14, 31 and 32 of the Municipal Freedom of Information and Protection Act, 1989. This information is required to register and place the student in the school system, or for a consistent purpose such as the allocation of staff and resources.

Section C: School Participation List any school clubs, teams and activities you have been involved in during the past two years. (For example: Me to We, student council, track and field, office helper, etc.)

Activity	Dates	
		
Section D: Con	nmunity Involvement	
	hich you have participated during the past two years.	
For example: church youth group, music lessons	s, sports teams, volunteer work, scouts, etc.)	
Activity	Dates	
Section E: A	wards Recognition	
ist any awards or recognitions you have receive		
For example, academics, leadership, music, athle	etics, public speaking contests, etc.)	
Activity	Dates	

Personal information contained on this form of personal information collected on behalf of the TDSB is collected under the authority of the Education Act and in compliance with Sections 14, 31 and 32 of the Municipal Freedom of Information and Protection Act, 1989. This information is required to register and place the student in the school system, or for a consistent purpose such as the allocation of staff and resources.



Pre-Advanced Placement Program

Recommendation Form

TO THE APPLICANT: Please have this form completed by your current teacher or another adult who can give an appropriate recommendation, such as a community leader, employer or coach. The completed form should be sealed in an envelope with the assessor's signature over the seal. Student Name: TO THE ASSESSOR: This student has applied to the Pre-Advanced Placement Program at Lakeshore Collegiate. The student's desire and commitment to the work required in this enriched class is very important to his or her success. As you have worked closely with this student, you have particular insight into the applicant's work ethic and desire to learn that we would like you to share with us. Please complete the form below and seal it in a school envelope. Once sealed, please sign over the seal and return the envelope to the student. They will include your envelope with their application. Thank you for taking the time to help us evaluate this student. Assessor's name: Assessor's signature: Relationship to Applicant (e.g. Science teacher, Scout leader) Daytime phone: _____ Email: ____ How long have you known this student? Do you recommend this student for the Pre-AP program? Please explain your answer. Please describe any concerns that you have for the student, and supports we may offer for the student to be successful in this program.

Personal information contained on this form or personal information collected on behalf of the TDSB is collected under the authority of the Education Act and in compliance with Sections 14, 31 and 32 of the Municipal Freedom of Information and Protection Act, 1989. This information is required to register and place the student in the school system, or for a consistent purpose such as the allocation of staff and resources.