



REQUIREMENTS CHECKLIST

*APPLICATIONS MUST BE RECEIVED AT LAKESHORE COLLEGIATE INSTITUTE
IN THE MAIN OFFICE
BY FRIDAY JANUARY 29, 2021 AT 4:30 PM*

APPLICATION REQUIREMENTS

- 1. Student Application Form -please ensure that all forms are signed
- 2. Interest and Background Form -completed by applicant (student)
- 3. Parent / Guardian Form -completed by parent or guardian of applicant
- 4. One or more pieces of artwork that you are proud of (any media) -scan/photocopy or email (.jpg or png)
- 5. Completed optional attendance form -must be submitted even if Lakeshore is your home school



STUDENT APPLICATION FORM

PLEASE SUBMIT THIS FORM WITH YOUR APPLICATION PACKAGE

PERSONAL INFORMATION

Last Name

Given Name

Name of Parent(s) or Guardian(s)

Mailing Address

City

Province

Postal Code

Home Phone #

Daytime Contact Name and Phone #

Other Phone #

Email address (Parent/Guardian)

Date of Birth (applicant)

SCHOOL INFORMATION

Current School

Grade

TDSB is committed to creating an equitable school system where the achievement and well-being of every student is fostered through rich, culturally authentic learning experiences in diverse, accepting environments where all are included, every voice is heard, and every experience is honoured.

TDSB strives to meet the accommodation needs of persons with disabilities. Applicants are encouraged to make their needs for accommodation known in advance during the application process.

Contact: Travis Silverman - Program Director
416-394-7650 travis.silverman@tdsb.on.ca lccyberarts.ca
Lakeshore Collegiate Institute 350 Kipling Avenue Toronto, Ontario M8V 3L1



INTERESTS & BACKGROUND FORM
PLEASE SUBMIT THIS FORM WITH YOUR APPLICATION PACKAGE

APPLICANT MUST COMPLETE THIS PORTION OF THE APPLICATION

1. What are your reasons for wanting to attend the CyberARTS Program at Lakeshore Collegiate Institute?

2. Describe your art background and any previous related courses or experience.

3. Describe your background and any experience with computers and software.

4. What qualities would you bring to the CyberARTS program?

5. Describe any other interests and experiences that you think might be relevant.

6. What are your career interests? (It's ok if you're not sure)



PARENT/GUARDIAN

PLEASE RETURN THIS FORM WITH THE APPLICATION TO LCI
OR EMAIL TO travis.silverman@tdsb.on.ca
BY FRIDAY JANUARY 29, 2021 AT 4:30 PM
ALL INFORMATION IS CONFIDENTIAL

Last Name of Student	Given Name of Student	Current Grade
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Please check the appropriate box for the following statements:

Agree Disagree

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The student will be able to attend 2-3 lunchtime seminars |
| <input type="checkbox"/> | <input type="checkbox"/> | I (we) will support the student's achievement of academic success in all classes to maintain their standing in the CyberARTS program. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student will be able to complete all school assignments in a timely manner, even with the higher demands of this specialized program. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student will have access to a computer with an internet connection (whether at home, at a public library, or in the CyberARTS lab during lab hours) in order to complete homework assignments. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student has a clear understanding of the higher expectations of CyberARTS. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student will be able to publish personal reflections and completed work online in a safe and responsible manner as directed by CyberARTS faculty. |

I believe that this applicant is an excellent candidate for the CyberARTS program because:

Name of Parent/Guardian	Relation to Student	Signature
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Personal information contained on this form or general information collected on behalf of the TDSB regarding the student 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 of Privacy Act and will be used for education, transportation and health and safety purposes. For further information, please contact Allan Easton - Principal of Lakeshore C.I. at 416-394-7650

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Optional Attendance Form

Application for a **Secondary** program at a school outside the resident area

Date _____ (DD/MM/YY)

Name of Requested Secondary School: <input type="text" value="Lakeshore Colleigate Institute"/>	Requested Start Date: September 7, 2021
	For Grade :
	Does a sibling presently attend the requested school and will continue to attend in the next school year? Yes No If YES: Name of Sibling _____

Parents please note: Transportation is not provided for Optional Attendance students

Applicant's Information:

Surname: _____	Given Names: _____	Birthdate: _____ (DD/MM/YY)
Student's Address: _____	Apt. # _____	Postal Code: _____
Telephone: _____	Present Grade/Class: _____	Student School I.D. Number: _____
Student e-mail address (Print Clearly): _____		

Is the applicant under **Optional Attendance** at the present school? Yes No

Parent/Guardian Information:

Parent/Guardian's Name: _____	Phone Number: _____
Parent/Guardian's e-mail address (Print Clearly): _____	

Secondary Program Applications: Student may choose up to four (4) schools ONLY. Two (2) specialized programs, two (2) regular programs outside of your home school.

Specialized Programs & Schools	Regular Programs/ Schools Outside your Home School
1. CyberArts - Lakeshore CI	1.
2.	2.

Conditions on the reverse of this form have been read and agreed to:

Parent/Guardian Typed Signature: _____	Student Typed Signature (18 years of age or older): _____
Current School Principal (or Designate) Signature: _____	Date: _____

For Office Use Only:

Requested School's Decision: Accepted Not Accepted

Signature of Requested School Principal: _____ Date: _____

Distribution: 1 copy: To Parent/Guardian when decision is made 1 copy: To TDSB Home or Sending School

Please Note the Following:

1. Priority of placement in the requested school will be based on a lottery if applications exceed the space available at the requested school.
2. If admitted, a student is expected to continue at the requested school until graduation.
3. To return to the home school by address:
 - a) Regular Programs: Student must apply through Optional Attendance to return to the home school.
 - b) Specialized Programs: If the Specialized program does not meet the student's needs, the student is free to return to his/her home school at an appropriate intake opportunity without reapplying through the Optional Attendance process
 - c) Alternative Schools: If the Alternative school does not meet the student's needs, the student is free to return to his/her home school at an appropriate intake opportunity without reapplying through the Optional Attendance process.

IMPORTANT DATES FOR SCHOOL ADMISSION BEGINNING SEPTEMBER 2021

- a. Optional Attendance forms will be made available on the first Monday of November. Applications may be submitted to the school following release of the Optional Attendance forms, but no offers of admission can be made prior to February 5, 2021. Any offers of admission before February 5, 2021 will be considered null and void.
- b. Applications must be received by **Friday, January 29, 2021**.
- c. A lottery, if necessary, will be held **to determine the successful applicants**.
- d. Parents/guardians or students 18 years of age or older will be informed of acceptance or non-acceptance prior to **Friday, February 12, 2021**.
- e. Parents/guardians or students 18 years of age or older must confirm the offer of admission by completing a course selection sheet by **Friday, February 26, 2021**.
- f. No student will be admitted into any secondary grade levels through optional attendance after **Friday, February 26, 2021**.

Note: It is the parent/guardian's responsibility to deliver this application to the school or schools of choice.*

** During the 2020-2021 school year, elementary schools may opt to scan/send forms to the secondary schools on the parent/guardian's behalf*

Notice of Collection

The Toronto District School Board (the "TDSB") collects, uses, retains, and shares personal information for the purposes of planning, administering, and delivering its educational programs and services. The purpose of this collection is to provide the information needed to offer admission to students applying from outside the assigned attendance catchment area should pupil spaces be available in the school. The collection, use and disclosure of personal information for these purposes are expressly authorized under the authority of sections 36(1), 39(1), 49(4)(5) and 58(5) of the *Education Act, R.S.O. 1990, c.E.2. as amended and its regulations*. The information is retained in accordance with the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56*. This information will be shared with the school administrator, office assistants, school Superintendent of Education, School Council chair(s) and local Trustee in order to administer the above noted purposes. Questions about this collection should be directed to the school principal.