



## REQUIREMENTS CHECKLIST

*APPLICATIONS MUST BE RECEIVED AT LAKESHORE COLLEGIATE INSTITUTE  
IN THE MAIN OFFICE  
BY FRIDAY JANUARY 28, 2022 AT 4:00 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

Contact: Travis Silverman - Program Director  
or Dave Budzinsky - Curriculum Leader Guidance  
416-394-7650 [travis.silverman@tdsb.on.ca](mailto:travis.silverman@tdsb.on.ca) [dave.budzinsky@tdsb.on.ca](mailto:dave.budzinsky@tdsb.on.ca)  
[lccyberarts.ca](http://lccyberarts.ca)  
Lakeshore Collegiate Institute 350 Kipling Avenue Toronto, Ontario M8V 3L1



## 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)

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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.

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**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?

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

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

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

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

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

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### PARENT/GUARDIAN FORM

PLEASE RETURN THIS FORM WITH THE APPLICATION TO LCI  
OR EMAIL TO [travis.silverman@tdsb.on.ca](mailto:travis.silverman@tdsb.on.ca)  
BY FRIDAY JANUARY 28, 2022 AT 4:00 PM  
ALL INFORMATION IS CONFIDENTIAL

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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

- The student will be able to attend 2-3 lunchtime seminars
- I (we) will support the student’s achievement of academic success in all classes to maintain their standing in the CyberARTS program.
- The student will be able to complete all school assignments in a timely manner, even with the higher demands of this specialized program.
- 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.
- The student has a clear understanding of the higher expectations of CyberARTS.
- 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name of reference	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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or Dave Budzinsky - Curriculum Leader Guidance  
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