

West Island College International Class Afloat



YOUR PASSPORT TO EDUCATION

Since 1984

APPLICATION PACKAGE

CHECK LIST

A complete application includes:

- Application fee of \$100 made payable to Class Afloat
- Two personal reference forms
- A one page essay stating what the applicant hopes to gain from participation in Class Afloat and what the applicant feels he/she will contribute to our school community
(*maximum 300 words*)
- Resume
(*extracurricular, volunteer & employment experience, special skills, interests etc.*)
- A completed medical form
- A certified lifeguard's attestation that the candidate can swim 200 metres followed by 20 minutes of treading water
- A copy of report cards from grade 9 to present
(*including current term report card*)

All completed applications received by March 1st will automatically be considered for scholarship awards.

The recipient(s) will be announced on March 31st.



WEST ISLAND COLLEGE INTERNATIONAL CLASS AFLOAT - ÉCOLE EN MER

97 Kaulbach Street, P.O. Box 10, Lunenburg, NS, Canada, B0J 2C0
Telephone: Toll Free (Canada and the U.S): 1-800-301-SAIL (7245)
Outside of Canada and the U.S: 1-902-634-1895
Fax: 1-902-634-7155 • www.classafloat.com



APPLICATION FOR ADMISSION - FORMULAIRE DE DEMANDE D'ADMISSION

1. Student / Étudiant

Surname / Nom de famille: _____ Given Names / Prénoms: _____

Address / Adresse: _____ Gender / Sexe: M

F

Tel. / Tél.: () _____ Fax / Téléc.: () _____ Date of Birth / Date de naissance: _____ / _____ / _____
M/M D/J Y/A

Email / Courriel: _____

Year applied for / Année d'admission: _____ Grade applied for / Niveau d'admission: _____ Present Grade / Niveau scolaire actuel: _____

1st Semester / 1^{er} Semestre 2nd Semester / 2^{ème} Semestre Full Year / Année Complète

Student's Citizenship / Citoyenneté de l'étudiant: _____ 1st Language / 1^{er} Langue _____ 2nd Language / 2^{ème} Langue _____

Present School / École actuelle: _____

School Address / Adresse de l'école: _____

Guidance Counselor's Name / Nom du conseiller d'orientation: _____ Tel. / Tél.: () _____ ext. _____

We heard about Class Afloat via / Nous avons découvert l'École en Mer par: _____

2. Mother / Mère

Maiden Name: _____

Nom de famille à la naissance

Address / Adresse: _____

(if different from the student's / si différente de celle de l'étudiant)

Tel.: (Home / Rés.) () _____

Tel.: (Office / Bureau) () _____

Tel.: (Cell / Cellulaire) () _____

Fax / Télécopieur: () _____

Email / Courriel: _____

Occupation: _____

Employer / Employeur: _____

Father / Père

Name: _____

Nom:

Address / Adresse: _____

(if different from the student's / si différente de celle de l'étudiant)

Tel.: (Home / Rés.) () _____

Tel.: (Office / Bureau) () _____

Tel.: (Cell / Cellulaire) () _____

Fax / Télécopieur: () _____

Email / Courriel: _____

Occupation: _____

Employer / Employeur: _____

3. Procedures / Procédures

- A non-refundable application fee of \$100 Canadian and a copy of the applicant's most recent report card must accompany this completed application.
Une copie du plus récent bulletin scolaire, ainsi que les frais d'inscription (non-remboursables) doivent accompagner cette demande d'admission.
- It is understood that if the applicant is admitted to Class Afloat, I / we undertake, jointly and severally, to be responsible for all financial obligations as delineated in the schedule of fees.
J'indique / nous indiquons, par la présente, que si le / la candidat(e) identifié(e) sur cette demande d'admission sera admis(e) au programme "École-en-mer", j'accepte / nous acceptons de rencontrer les obligations financières et de respecter l'horaire des versements présentés dans le prospectus.
- I / We give Class Afloat the right to contact the persons identified in these application documents and verify the accuracy of the statements made therein.
Par la présente, j'autorise / nous autorisons l'École-en-Mer à contacter les personnes indiquées dans les documents d'inscription pour assurer la véracité des déclarations y inclus.

Signed / Signé: _____ Date: _____



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PERSONAL REFERENCE REPORT

APPLICANT'S NAME _____

Referees MUST be teachers, employers, coaches or those who have observed the candidate in a position of responsibility. Referees MAY NOT be relatives, family friends, doctor/dentist, peers etc.

THE ABOVE NAMED STUDENT is applying for admission to Class Afloat. Since so many of our applicants present strong credentials for admission, a detailed recommendation from you, offering specific information about the accomplishments, qualifications and suitability of the applicant, will be most helpful to the Admissions Committee.

Your candid assessment of the applicant's personal qualities will be seriously considered. If necessary, feel free to use additional sheets of paper or simply attach this completed form to a letter.

To assist you in your task, we have provided below a number of considerations relevant to the Class Afloat program. To the extent with which you feel qualified to do so, please address as many of the following as possible. All information will be kept in strictest confidence.

Please check the appropriate column. If unable to assess a given characteristic, please leave the space blank.

PERSONAL QUALITIES	Poor	Fair	Good	Excellent	Exceptional
Energy and enthusiasm					
Sense of humour					
Emotional maturity					
Self-confidence					
Self-discipline					
Ability to accept and exercise responsibility					
Initiative and tenacity					
Consideration for others					
Tolerance					
Reliability					
Reaction to adversity					
Respect for rules and authority					
Openness to new ideas					
Leadership skills / Ability to take charge					
Ease with peers					
Acceptance by peers					
Self-care and personal hygiene					
Warmth of personality					
Honesty					



WEST ISLAND COLLEGE INTERNATIONAL CLASS AFLOAT - ÉCOLE EN MER



PERSONAL REFERENCE REPORT

TASK PERFORMANCE - WORK HABITS	Poor	Fair	Good	Excellent	Exceptional
Ability to follow directions					
Diligence / Ability to complete tasks					
Ability to resolve practical problems					

In your opinion, what would be the candidate's:

a) greatest weakness?

b) greatest asset / strength?

It is often difficult to accurately assess the suitability of a candidate on the basis of the information received. To better illustrate the uniqueness of this candidate, please describe an event or a specific incident which highlights the personality and aptitudes of the student.

Name: _____ Signature: _____

Relationship to student: _____ Date: _____

Tel.: () _____ Email: _____



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Name: _____ Signature: _____

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APPLICANT'S MEDICAL REPORT

DOCTOR: PLEASE COMPLETE THIS FORM BEING CAREFUL TO PROVIDE ALL THE DETAILS REQUESTED. IF YOU REQUIRE MORE SPACE, PLEASE USE A SEPARATE SHEET OF PAPER BUT REMEMBER TO DATE AND SIGN IT. UPON COMPLETION OF THE FORM, DATE, SIGN AND SEND IT TO THE CLASS AFLOAT OFFICE.

Students will spend between five and ten months at sea which includes travel to tropical and sub-tropical regions.

The applicant is being considered for Admission to Class Afloat, an outstanding educational programme for senior high school students aboard a tall ship. Students are required to serve as crew and must be capable of strenuous physical exercise such as laying aloft, hauling on heavy lines and participating in a daily fitness routine. During land excursions, many adventure-based activities will occur such as back-packing, snorkelling, camping, jogging, etc

During this time at sea students may be as far as 10 days travel to the nearest medical facility or medevac service.

SECTION I. APPLICANT

_____ Surname _____ Given Names _____

Date of Birth: _____ (day) _____ (month) _____ (year)

Provincial Health Care Number (Canadian students only): _____

SECTION II. MEDICAL HISTORY

1. a) Height: _____ m _____ cm b) Weight: _____ kg c) Blood Type: _____
 _____ ft. _____ in. _____ lbs
 (ABSOLUTELY REQUIRED)

2. **Has the applicant, in the past three years, consulted a doctor, had or sought advice for:**
(give details for all 'Yes' answers - dates, durations, treatments, names of Doctors, Hospitals)

	YES	NO	If yes, provide details / dates
A dizzy spells, epilepsy, nervous disorder or mental disorder?			
B asthma, bronchitis, lung problems?			
C high blood pressure, pain in chest or difficulty with the heart or blood vessels?			
D ulcer, liver disorder, colitis or any complaint of the digestive organs?			
E arthritis, rheumatism?			
F joint or bone disorder, back or knee problem?			
G diabetes or sugar in urine?			
H gout or enlarged glands?			
I urine, kidney or bladder disorder?			
J anemia, bleeding or blood disorder?			
K difficulty with eyes or ears?			
L eating disorders?			
M difficulties related to menstruation?			
N sleeping disorder?			



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APPLICANT'S MEDICAL REPORT

SECTION II. (CONT' D)

3. In the past three years has the applicant:

		YES	NO	DETAIL IF REQUIRED
A	had surgery, injuries or been treated in a hospital?			
B	been absent from school for more than five consecutive days due to illness or injury?			
C	been referred to or sought psychiatric care?			

		YES	NO	DETAIL IF REQUIRED
4.	Is the applicant presently under medical treatment by diet, medicine or other means?			
5.	Has the applicant ever been treated for alcohol or drug abuse?			
6.	Is the applicant allergic to any medicine or treatments, oral or topical?			
7.	Does the applicant have any tattoos and/or body piercings (including earrings)? If yes, please state location of all tattoos and/or body piercings.			

8. Has the applicant consulted a doctor, had or sought advice for:

		YES	NO	DETAIL IF REQUIRED
A	behavioural abnormalities?			
B	Attention Deficit Disorder (ADD)?			
C	Attention Deficit Hyperactivity Disorder (ADHD)?			
D	eating disorders? Such as anorexia, bulimia.			
E	obsessive compulsive disorders?			
F	learning disabilities?			
G	self-injury behaviour?			
H	counselling for physical, emotional or sexual abuse?			
I	anxiety disorders? Such as acute stress disorder.			
J	mood disorder? Such as manic depression.			
K	schizophrenia or other psychotic disorders?			
L	substance related disorder?			
M	Is the applicant presently under medical treatment by diet, counselling, medicine or other means for the above mentioned?			
N	Has the patient ever been supported for physical, psychological or other issues not mentioned above?			

In the context of the information provided directly above, I _____ (doctor's name) certify this applicant is medically suitable to a tall ship environment, with his/her current condition and treatment program, where there are no medical or counselling services available for the above mentioned disorders or illnesses. In addition, the applicant is able and willing to self-medicate for the entire duration of the trip.

See next page

