



**Algoma District School Board**  
**ENHANCED LEARNING PROGRAMME**

LEADING TO THE  
INTERNATIONAL BACCALAUREATE  
DIPLOMA PROGRAMME

KORAH COLLEGIATE AND VOCATIONAL SCHOOL  
(705) 945-7180  
[www.korahcvcs.com](http://www.korahcvcs.com)

**Deadline to apply is February 5th, 2021**

Office use only:  
Options: \_\_\_\_\_ and \_\_\_\_\_  
Reach ahead credits: \_\_\_\_\_

Please complete the following pages in blue or black ink.

**STUDENT INFORMATION** (Please print)

Last Name \_\_\_\_\_ First \_\_\_\_\_ M  F

Address \_\_\_\_\_

City Province Postal Code

Phone ( ) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(YYYY/MM/DD)

Current School \_\_\_\_\_ Assigned Secondary School \_\_\_\_\_

Were special education services received in elementary school? \_\_\_\_\_  
Yes or No

If yes, indicate IPRC identification \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION** (Please print)

Parent / Guardian #1

Parent / Guardian #2

Name \_\_\_\_\_ Name \_\_\_\_\_

Address: same as above \_\_\_\_\_ or: Address: same as above \_\_\_\_\_ or:

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

Phone: Home: \_\_\_\_\_ Phone: Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICATION FOR THE ENHANCED LEARNING PROGRAMME  
LEADING TO THE IB DIPLOMA PROGRAMME**

**RÉSUMÉ OF ACTIVITIES (point form)**

Name : \_\_\_\_\_

Community-Related Activities	School-Related Activities

Awards / Achievements

Please list your reasons for wishing to be part of the Enhanced Learning Programme.



**APPLICATION FOR THE ENHANCED LEARNING PROGRAMME  
LEADING TO THE IB DIPLOMA PROGRAMME**

Students are required to submit a Teacher Reference **or** Alternate Reference.

**TEACHER REFERENCE**

Please ask one of your current teachers to complete this form and return it, in a sealed envelope, to Korah Collegiate c/o Student Services.

NAME OF APPLICANT: \_\_\_\_\_

NAME OF TEACHER: \_\_\_\_\_

Note to Teacher: Please assess the above candidate according to each learning skill category, using a level of 1 to 4.

(4 = Excellent, 3 = Good, 2 = Satisfactory, 1 = Needs Improvement)

Criteria	Level	Comments
Responsibility		
Independent Work		
Initiative		
Organization		
Collaboration		
Self Regulation		

Other Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

**APPLICATION FOR THE ENHANCED LEARNING PROGRAMME  
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**ALTERNATE REFERENCE**  
**(when a teacher reference is not possible)**

Please ask a community group member or church representative to complete this form and return it, in a sealed envelope, to Korah Collegiate c/o Student Services. Please ensure that this person knows you well and is **not** a family member.

NAME OF APPLICANT: \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

\_\_\_\_\_

Would you recommend the applicant for the Enhanced Learning Programme based on the following criteria?

**Please circle one**

- |   |     |    |     |
|---|-----|----|-----|
| ▪ Is the individual able to work independently?                 | Yes | No | N/A |
| ▪ Does this individual demonstrate good organizational skills?  | Yes | No | N/A |
| ▪ Does this individual demonstrate good time management skills? | Yes | No | N/A |
| ▪ Is he/she able to work with a team?                           | Yes | No | N/A |
| ▪ Does he/she demonstrate the ability to show initiative?       | Yes | No | N/A |
| ▪ Does he/she demonstrate an interest in learning?              | Yes | No | N/A |

(N/A – not applicable)

Briefly explain your reasons for recommending the applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION FOR THE ENHANCED LEARNING PROGRAMME  
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🌐 Please be sure that you have enclosed the following with your application:

- 1. Copy of **Final Grade 7** Report Card
- 2. Copy of **Grade 8 Progress** Report
- 3. Completed **Résumé** of Activities
- 4. **Written Response**

5. **Please pick two grade 9 options (circle your choices):**

#1

#2

ART (AVI10)

Information & Computer  
Technology (BTT10)

or

or

MUSIC (AMU10)

Exploring Technologies (TIJ10)

6. **\*Please circle any “reach ahead” or AP courses taken (or plan to take):**

Math (MPM1D)   Science (SNC1D)   Other (please state): \_\_\_\_\_

\*You will be contacted by the school to discuss a plan of action; each student’s situation is different. Some students may want to retake the course, some may choose another course in its place.

The applicant is required to have an adult complete the “Teacher Reference” **or** “Alternate Reference” sheet and ask him/her to return it, in a sealed envelope, to Korah Collegiate c/o Student Services.

**PLEASE NOTE: YOUR APPLICATION WILL BE PROCESSED  
WHEN ALL DOCUMENTATION IS RECEIVED BY THE SCHOOL.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Parent/Guardian Signature