



APPLICATION CHECKLIST

Animus Credo Erudio

The following documents must be completed in FULL for a student's application to be processed. The Canadian Bilingual School of Paris application package is available to download at www.ecb-cbs.ca.

APPLICATION FEE

- ☐ 1000 € - non refundable
An administrative fee to begin the application process, non-refundable.

APPLICATION DOCUMENTS REQUIRED

- ☐ Application Form
To be completed in FULL by the parent/guardian of the student.
- ☐ Recent photo of student
A recent school photo or a passport style photo.
- ☐ Two complete years of school records
Report cards for the two most recent school years completed. Any school records in languages other than English or French must be officially translated.
- ☐ Confidential School Recommendation Form
This form provides important academic insight about the student. It must be completed and sent directly to the ECB-CBS by the previous school via post, fax or email. The school may release the confidential form to the parent/guardian provided that it is in a SEALED envelope with the school stamp.
- ☐ Medical Information
To be completed by the student's parent/guardian. Confirmation of student's medical insurance.
- ☐ Copy of student's birth certificate
- ☐ Copy of student's passport
- ☐ Parents' Immigration Status

The application package can be submitted electronically. For electronic packages, please send all materials to the Admissions Office at admissions@ecb-cbs.ca. Please note that larger email files may need to be submitted in separate emails, or scanned using a lower resolution.

ÉCOLE CANADIENNE BILINGUE
CANADIAN BILINGUAL SCHOOL

admissions@ecb-cbs.ca

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www.ecb-cbs.ca



APPLICATION FORM

Animus Credo Erudio

STUDENT INFORMATION

*LAST NAME

*FIRST NAME

MIDDLE NAME

PREFERRED NAME

*DATE OF BIRTH

/

/

☐ MALE

☐ FEMALE

*NATIONALITY(IES)

*COUNTRY OF BIRTH

*STUDENT'S MOTHER TONGUE

SECOND LANGUAGE

THIRD LANGUAGE

*EXPECTED START DATE (MM/YEAR)

/

INTENDED LENGTH OF STAY

*ANTICIPATED GRADE OF ENTRY

*ENROLMENT YEAR

☐ 2022-2023

☐ 2023-2024

☐ 2024-2025

*STUDENT LIVES WITH

☐ Both parents

☐ Parent 1 only

☐ Parent 2 only

☐ Legal Guardian

☐ Host Parent

Other, please specify relationship;

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ADDRESS INFORMATION

*CURRENT HOME ADDRESS

*CITY

*COUNTRY

*POSTAL CODE

*TELEPHONE

*MOBILE

*EMAIL

*Does the student have documentation of Custodial Orders or Legal Orders?

☐ YES, please give details; ☐ NO

Please note that upon acceptance, you will be asked to provide documentation of Custodial Orders or Legal Orders for confidential review by the EBS-CBS. If documents are in a language other than English or French, please provide an official translation.

*Does/will the student have a sibling(s) at the school?

☐ YES, please indicate which grade(s); ☐ NO

*Will the student require school bus transportation? ☐ YES ☐ NO

*Will the student apply for the half-day high performance program?

☐ YES, please indicate which program; ☐ NO

☐ *The Canadian International Dance Academy*

Please complete the Canadian International Dance Academy Application Form.

☐ *The Canadian International Sports Academy*

Please complete the Canadian International Sport Academy Application Form.

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APPLICATION FORM

Animus Credo Erudio

EDUCATIONAL BACKGROUND

***CURRENT SCHOOL**

***LOCATION**

***DATES FROM/TO** /

***GRADES COMPLETED**

***LANGUAGE(S) OF INSTRUCTION**

***SCHOOL TYPE** ☐ Public ☐ Private

I authorize the ECB-CBS to contact the student's current school if necessary;

☐ YES ☐ NO

1 PREVIOUS SCHOOL

LOCATION

DATES FROM/TO /

GRADES COMPLETED

LANGUAGE(S) OF INSTRUCTION

2 PREVIOUS SCHOOL

LOCATION

DATES FROM/TO /

GRADES COMPLETED

LANGUAGE(S) OF INSTRUCTION

***Has the student ever repeated a grade?**

☐ YES, please indicate which grade; ☐ NO

***Has the student ever skipped a grade?**

☐ YES, please indicate which grade; ☐ NO

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EDUCATIONAL BACKGROUND

*Has the student ever participated in an accelerated program?

☐ YES, please indicate which program; ☐ NO

*Has the student ever received any additional learning support?

☐ YES, please indicate what kind of additional support the student has received? ☐ NO

LANGUAGES

*Please indicate the student's level of English:

- ☐ **Beginner** (first time using English in school)
- ☐ **Intermediate** (has completed more than two years of English in school)
- ☐ **Advanced** (has completed more than four years of English in school)
- ☐ **Mother Tongue** (has always used English in school without extra support)

LEVEL OF ENGLISH

*Can the student speak in English?

☐ Yes ☐ No ☐ With help ☐ Independently

*Can the student write in English?

☐ Yes ☐ No ☐ With help ☐ Independently

*Can the student understand English?

☐ Yes ☐ No ☐ With help ☐ Independently

*Can the student read in English?

☐ Yes ☐ No ☐ With help ☐ Independently

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If the student's mother tongue is not English, how long has the student been learning English?



APPLICATION FORM

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LANGUAGES

***Please indicate the student's level of French:**

- ☐ **Beginner** (first time using French in school)
☐ **Intermediate** (has completed more than two years of French in school)
☐ **Advanced** (has completed more than four years of French in school)
☐ **Mother Tongue** (has always used French in school without extra support)

LEVEL OF FRENCH

***Can the student speak in French?**

- ☐ Yes ☐ No ☐ With help ☐ Independently

***Can the student write in French?**

- ☐ Yes ☐ No ☐ With help ☐ Independently

***Can the student understand French?**

- ☐ Yes ☐ No ☐ With help ☐ Independently

***Can the student read in French?**

- ☐ Yes ☐ No ☐ With help ☐ Independently

If the student's mother tongue is not French, how long has the student been learning French?

***What is the student's mother tongue?**

***What is/are the parent(s)/guardian(s) mother tongue(s)?**

***What languages are spoken at home?**

***Is the student learning to read or write in a language other than English or French?**

- ☐ YES, please give details; ☐ NO

***Would you like the student to study another language at school?**

- ☐ YES, please indicate what languages; ☐ NO

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APPLICATION FORM

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MEDICAL INFORMATION

*Students attending the ECB-CBP are required to have valid medical insurance while studying at the school.

MEDICAL INSURANCE PROVIDER

POLICY NUMBER

PHONE NUMBER

EMAIL

*Is the student currently receiving any medical treatment?

☐ YES, please give details; ☐ NO

*Does the student regularly take a prescription drug?

☐ YES, please give details (including dosage); ☐ NO

*Does the student have any known allergies?

☐ YES, please give details; ☐ NO

*Does the student have any past medical history of illnesses or admissions to hospital that the school should be aware of?

☐ YES, please give details; ☐ NO

*Has the student ever had any of the following?

☐ Chicken Pox ☐ Measles ☐ Mumps ☐ German Measles
☐ Tuberculosis ☐ Scarlet Fever

Please provide any further information, as necessary:

☐ Headaches, earaches, please give details;

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MEDICAL INFORMATION

☐ Diabetes, please give details.

☐ Epilepsy, seizures, convulsions, please give details.

☐ Serious injury, please give details.

☐ Surgery, please give details.

☐ Attention Deficit Disorder, please give details.

*Is the student required to receive medical treatment during school hours?

☐ YES, please give details; ☐ NO

***If any of the following conditions apply, please give details:**

Hearing problems: ☐ YES, please give details; ☐ NO

Vision problems: ☐ YES, please give details; ☐ NO

Physical disability: ☐ YES, please give details; ☐ NO

Special Diet: ☐ YES, please give details; ☐ NO

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Please note that upon acceptance, you will be asked to provide a detailed medical form completed by the student's medical doctor.



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AUTHORIZATION FOR MEDICAL TREATMENT

In the event of a serious accident or emergency, the School will immediately contact the parents/guardians, and any other designated emergency contact person as necessary.

If it is considered that hospital treatment is necessary for an injured or ill student, and the School cannot communicate immediately with the parents/guardians, the School will arrange for the student to be taken by ambulance or private automobile to the emergency ward of the nearest hospital for medical treatment.

I understand and agree that the ECB-CBS does not assume responsibility for any injury or damage that may arise with such authorized emergency medical treatment.

I have read and understand the Authorization for Medical Treatment. My signature on the application form confirms that I authorize my child to receive medical treatment in the event of a serious accident or emergency.

***SIGNATURE**

LEARNING SUPPORT

The ECB-CBS will make every effort to accommodate a student's special learning needs. Students who require one-on-one classroom support may be assigned a private special education specialist at an additional cost to the family.

To enable us to make the most appropriate placement for the student, we require the following information.

***Does the student have any special learning needs?**

☐ YES, please give details; ☐ NO

***Has the student received any extra support in a previous school?**

☐ YES, please give details; ☐ NO

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LEARNING SUPPORT

***Has the student ever received?**

Psycho-educational Assessment: ☐ YES, at what age? ☐ NO

Counseling: ☐ YES, at what age? ☐ NO

Speech and language therapy: ☐ YES, at what age? ☐ NO

Other (please give details)

Does the student require or have any previous documentation of the following?

*Student Learning Plan (SLP): ☐ YES, give details; ☐ NO

*Individual Education Plan (IEP): ☐ YES, give details; ☐ NO

Applications for students with diagnosed special education needs must include all relevant diagnostic and evaluation documentation for confidential review by the ECB-CBS. If documents are in a language other than English or French, please provide an official translation.

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PARENT / GUARDIAN INFORMATION

If you are a legal guardian, you must provide documentation authorizing guardianship. If documents are in a language other than English or French, please provide an official translation.

*PARENT/GUARDIAN (1)

MR. ☐ MRS. ☐ MS. ☐ OTHER ☐

FAMILY NAME

FIRST NAME

NATIONALITY(IES)

CURRENT HOME ADDRESS (if different from student)

CITY

COUNTRY

POSTAL CODE

TELEPHONE

MOBILE

*RELATIONSHIP TO STUDENT

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother
☐ Other, please specify relationship;

*LIVES WITH STUDENT? ☐ Yes ☐ No

What is your intended length of stay in France;

*Will your employer pay the school tuition fees? ☐ No ☐ Yes; what percentage of the school fees will be paid by your employer?

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PARENT / GUARDIAN INFORMATION

*EMPLOYER

*JOB TITLE

*ADDRESS OF EMPLOYER

*TELEPHONE

*EMAIL

PARENT / GUARDIAN (2)

MR. ☐

MRS. ☐

MS. ☐

OTHER ☐

FAMILY NAME

FIRST NAME

NATIONALITY(IES)

CURRENT HOME ADDRESS (if different from student)

CITY

COUNTRY

POSTAL CODE

TELEPHONE

MOBILE

RELATIONSHIP TO STUDENT

☐

Father

☐

Mother

☐

Stepfather

☐

Stepmother

☐

Other, specify relationship:

LIVES WITH STUDENT? ☐ Yes ☐ No

What is your intended length of stay in France?

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PARENT / GUARDIAN INFORMATION

Will your employer pay the school tuition fees? ☐ No ☐ Yes; what percentage of the school fees will be paid by your employer?

EMPLOYER

JOB TITLE

ADDRESS OF EMPLOYER

TELEPHONE

EMAIL

*EMERGENCY CONTACT (1)

NAME

ADDRESS

TELEPHONE

MOBILE

RELATIONSHIP TO STUDENT

EMERGENCY CONTACT (2)

NAME

ADDRESS

TELEPHONE

MOBILE

RELATIONSHIP TO STUDENT

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PARENT / GUARDIAN INFORMATION

*OUT-OF-TOWN EMERGENCY CONTACT

NAME

ADDRESS

TELEPHONE

MOBILE

RELATIONSHIP TO STUDENT

*PARENT/GUARDIAN STATEMENT

Please write a brief statement about your family, including:

- ☐ Your reasons for choosing the ECB-CBS;
- ☐ Your hopes and expectations of the school;
- ☐ Your hopes and expectations for the student;
- ☐ Your assessment of the student's strengths and weaknesses;
- ☐ Any other information or areas of concern that you feel the school should be aware of.

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PLEASE READ CAREFULLY

*I agree that the family contact information may appear in the school directory (issued to parents only). ☐ Yes ☐ No

*I agree that photographs or video recordings taken of the student during school activities may be used for school publications and website purposes. ☐ Yes ☐ No

*I agree that the student's schoolwork may be used for school publications and website purposes. ☐ Yes ☐ No

I have read and understand the Authorization for Medical Treatment. My signature on the application form confirms that I authorize the student to receive medical treatment in the event of a serious accident or emergency.

DECLARATION

I declare that the information provided on the application form and the enclosed documents is accurate and complete. No information has been withheld. I understand that the failure to disclose relevant information may lead to the withdrawal of an offer of admission or the exclusion of the student from the ECB-CBS.

I understand that the application fee of 1000€ is non-refundable should my child not be admitted to the school, or should I withdraw the application. I understand that completing the application process does not constitute acceptance.

I have read and agree to the application procedure and to the tuition and activity fees' schedule. I understand that upon acceptance to the ECB-CBS, I must sign the Offer of Admission, and submit the Registration Deposit to confirm the student's enrolment.

I understand that the students at ECB-CBS are expected to wear the proper school uniform at all times. Uniforms are required to be worn on school field trips, activities and events, as well as school functions. The cost of the uniform is the responsibility of the student and their families. Students are expected to order their uniforms from the supplier chosen by the school.

I declare that I have read and understand the school's terms and conditions as set forth in the admissions information. My signature on the application form confirms that I have read and agree to the terms and conditions.

***SIGNATURE**

***DATE** (dd/mm/yyyy)

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The Canadian Bilingual School does not discriminate on the basis of color, religion, or national or ethnic origin in its school policies and in the administration of its school programs.