



# GEORGES VANIER SECONDARY SCHOOL

3000 Don Mills Road, North York, Ontario Phone (416) 395-3250 Fax (416) 395-9373



**APPLICATION DEADLINE:**  
 Please send the application package to Fran Burke at the  
 Georges Vanier Guidance Department.  
  
 Contact the Guidance Department for application deadlines.

Dear Applicant:

Thank you for applying for our unique specialized programs, Program 2 Art, MS<sup>C</sup>.com, Get F.I.T. or the summer BrainFood Program. After the application package is received, there will be an interview and an aptitude test or portfolio presentation. The chart below describes the application process for each specific program. Upon receipt of your application package, you will be contacted to confirm the interview time. The following forms are required for this application:




- Student Application Form (included in this package);
- Interest & Background form (included in this package);
- Artistic Background form (included in this package for Program 2 Art Applicants only);
- Academic Achievement (a copy of your most recent report card);
- Attendance Profile (an up-to-date copy is available from your guidance counselor); and
- 2 (two) Teacher Reference Forms (included in this package) These teachers will send them directly to Georges Vanier Guidance Department.

We look forward to receiving your application. If you have any questions, please contact Ms. Burke at (416) 395-3250.

Yours truly,

Karen Jackson  
Principal

### Program Specific Application Requirements

			
<b>Teacher Reference Form</b>	An art teacher must complete one reference.	A Communications Technology, Computer, Math or Science Teacher must complete reference forms.	Reference forms must be completed by a Communications Technology, Computer, Technology or BTT Teacher
<b>Interview</b>	The interview consists of a personal interview and a display of your portfolio and 2 assigned drawings.	The interview consists of a personal interview and an aptitude test (no preparation necessary).	The interview consists of a personal interview and an aptitude test (no preparation necessary).
<b>Interview Dates</b>			
<b>Acceptance Notification date</b>			






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## SPECIALIZED PROGRAM APPLICATION FORM

PLEASE PRINT LEGIBLY

Personal Information			
Last Name		Given Name	
Home Address/Apartment (Number and Street – Specify Road, Street, Crescent, etc.)			
City	Province	Postal Code	
Home Phone Number ( ) -		Date of Birth (Day/Month/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Contact Name		Parent/Guardian Daytime Contact Number ( ) -	

Program Selection			
Which Program are you applying for?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<b>RCC Summer Brain Food Program</b>

Present School	
Home School	Grade
Check all that apply:	
<input type="checkbox"/> Special Ed	<input type="checkbox"/> ESL <input type="checkbox"/> Gifted

Attached Documentation				
Check all that apply:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interest &amp; Background Form</b> (Form found in this application package.)	<b>Artistic Background Form</b> (Program 2 Art applications only.)	<b>Academic Achievement Form</b> (Copy of most recent report card.)	<b>Attendance Profile</b> (Printout of most recent academic year attendance profile.)	<b>Optional Attendance</b> (Required only if you do not live in the Georges Vanier Area.)

It is the responsibility of the candidate and his/her parent(s)/guardians(s) to ensure that **2 (two) Teacher Reference Forms** are completed and returned by the teacher by 4:00 p.m. of the application deadline.

### Release of Information

I give permission for my child's teacher/school to release the information necessary to allow him/her to accurately complete the teacher referral form. I understand that the teacher is to forward the referral form directly to the school as part of the selection process for a Georges Vanier Secondary School specialized program.

\_\_\_\_\_  
Student Signature                      Date                      Parent Name (Print)                      Parent Signature

Under the Municipal Freedom of Information Act, Subsection 29(2), of the Education Act is the legal Authority for the Toronto District School Board to collect personal information for the purpose of selection of a Georges Vanier S.S. specialized program.

**Scholarship, Spirit and Social Responsibility**  
**We Live it! We Believe it!**





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## INTERESTS AND BACKGROUND FORM

PLEASE PRINT LEGIBLY



Name of Applicant: \_\_\_\_\_

Complete the following sections in sentence form, giving specific details. If you run out of room use the back of the page.

1. What are your reasons for wanting to be in this program?

2. What computer and/or art experience do you bring to this program?

3. What qualities do you bring to this program?

4. Describe your interests, hobbies and experiences.

5. What are your career interests?



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## ARTISTIC BACKGROUND FORM

### Program 2 Art

(Program 2 Art Applicants only to complete this form)  
PLEASE PRINT LEGIBLY

Name of Applicant: \_\_\_\_\_

1. In what areas of *art* are you interested?

2. What are your favorite subjects in school?

3. Who are your favorite artists?

4. Have you visited art galleries?  
If yes, which ones?

Yes

No

5. Do you make art outside of school?

Yes

No

6. Do you make some art everyday?

Yes

No

7. Circle the things on the following list that interest you.

oil painting

acrylic painting

print making

watercolours

drawing

lettering

science

sculpture

sewing

business

computer graphics

abstraction

figure drawing

history

geography

art history

interior design

human rights

reading

fashion

game design

mixed media

animals

portraits

essays

public speaking

graphic design

music

dance

sports

animation

architecture

photography

clay

web design

politics

writing

industrial design

perspective

environment

math

graffiti

cartooning

illustration

performance

OTHER:



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## INTERVIEW & PORTFOLIO PREPREATION

### GEORGES VANIER SECONDARY SCHOOL *Program 2 Art*

(Program 2 Art Applicants only)

To students interested in our special Art 2 Program,

First, thanks for your interest. I am certain we can provide you with an exceptional opportunity to pursue your love of Art!

Part of the process to determine if *Program 2 Art* might be for you involves a meeting with the instructor (Please see date of interview on the first page of the application package), a presentation of some of your own art work, **and** the completion of two specific pieces outlined below.

#### *PART A*

Please bring some current work and, if you have one, a sketchbook. Remember, I am interested in you and your work, therefore, focus on original art created by you.

#### *PART B*

Specific Pieces:

1. A “mixed media” self-portrait including a background.

This must not be done from a photograph.

Use a mirror.

Size is up to you.

2. A highly objective, LINE drawing of the corner of a kitchen.

I am looking for your understanding of 3 dimensionality, perspective and eye levels.

Use pencil.

Find a way to make this drawing special.

Create a clear centre of interest.

By the way . . . A couple of really good art websites are:

[www.artchive.com](http://www.artchive.com)

[www.artlex.com](http://www.artlex.com)

[www.greatbuildings.com](http://www.greatbuildings.com)

[www.artcyclopedia.com](http://www.artcyclopedia.com)



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## TEACHER REFERENCE FORM



Surname Of Student:	Given Name:
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All information is confidential. Please courier or mail this form directly to the school.

Please use the category checklist below to provide information about the student.

	Poor	Fair	Good	Very Good	Excellent	Don't Know
• Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Overall academic success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mathematics skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Science skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Art skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Completion of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Interpersonal/cooperative skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• General behaviour and attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Attendance/punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Classroom Contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How long have you know this student?

2. What subject(s) have you taught the student? What was his/her mark(s)?

3. How has this student been involved in school and/or community life? Please comment.

4. Other comments (please use back of page if necessary)

Name of Teacher/Position:	School:	Phone Number/Extension:
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Teacher's Signature:	Date:
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## TEACHER REFERENCE FORM

*Program 2 Art*



Surname Of Student:	Given Name:
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	Poor	Fair	Good	Very Good	Excellent	Don't Know
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• Overall academic success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mathematics skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Science skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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• Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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• Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Other comments (please use back of page if necessary)

Name of Teacher/Position:	School:	Phone Number/Extension:
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Teacher's Signature:	Date:
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