Imagine. Inspire. Innovate.

CyberARTS at Don Mills C.I. is a multi-disciplinary, integrated four-year art and technology program. Our integrated, project-based curriculum develops artistic and academic skills while encouraging self-esteem, independent work habits and creative / critical thinking. The CyberARTS program offers a leading edge curriculum which is designed to maximize student potential and achievement through a variety of expanded opportunities, which address industry standards in graphic design, multimedia, animation, industrial design, desktop publishing, web design/programming, architectural design, fashion design and visual arts.

CyberARTS is delivered in a project-based, student driven, enriched environment that allows students to integrate artistic expression and knowledge of design with technical experience. We accomplish this through combining the Fine Arts with Computer Technology and Communication Media.
APPLICATION CHECKLIST

PART ONE: APPLICATION REQUIREMENTS

☐ 1. Student Application
   (please check that forms are signed)

☐ 2. Academic Referral
   (copy of the most recent progress report from your present school)

☐ 3. Release of Information Form
   (please check that forms are signed)

☐ 4. Optional Attendance Form
   (required for all applicants)

PART TWO: INTERVIEW AND PORTFOLIO

1. Interview and Creative Activities
   You will be required to participate in an interview and creative activities with staff
   associated with the program. The interview will involve questions regarding your
   creativity, interest in technology and experimentation in the arts. Please note that
   applicants to the Intermediate level do not require extensive technological skills but
   should demonstrate an interest and talent in visual arts.

2. Portfolio - You are required to bring the following to the interview:
   ☐ A Portfolio - It may include: drawings, paintings, mixed media, photographs,
     video/audio tapes, sculpture, digital images, etc. (5 finished works or items)
   ☐ An observational still life drawing using a pencil that should include 3 to 5 objects in
     an arrangement on 8.5 x 11 letter paper size.
   ☐ It’s encouraged to bring a sketchbook or a collection of materials that demonstrate
     creativity over a period of time.

If you anticipate needing any type of accommodation or have questions about the physical
access provided, please call 416 395 3190 or email blakely.mcalister@tdsb.on.ca in advance of
your participation or visit.

PLEASE DELIVER THE
APPLICATION PACKAGE TO
DON MILLS C.I. BY
Wednesday, January 15, 2020
STUDENT APPLICATION FORM

Please ensure that we have the correct contact information to process the application.

PERSONAL INFORMATION (PLEASE PRINT)

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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Name of Parent/Guardian

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<th>Apartment/Home Address (Number and Street-specify Road, Street, Cres., etc.)</th>
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City | Prov. | Postal Code |
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Telephone (include area code)

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Current School | Grade |
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Art Interests (check as many as apply)

☐ Visual Arts ☐ Drama ☐ Music ☐ Language Arts ☐ Other, specify

__________________________________________           ________________________
STUDENT’S SIGNATURE                      DATE SIGNED

__________________________________________           ________________________
PARENT/GUARDIAN’S SIGNATURE               DATE SIGNED

EMAIL

OFFICE USE ONLY

Interview Date: ____________________________ Time: ____________

☐ Application Form ☐ Release of Information ☐ Report Card ☐ Optional Attendance ☐ Creative Writing
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.

**RELEASE OF INFORMATION FORM**

Please include the signed RELEASE OF INFORMATION FORM with your application package. Your parent/guardians permission for the release of this information to the school is necessary before we can process this application.

<table>
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<th>STUDENT’S NAME (Please Print)</th>
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<tr>
<td>Grade</td>
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<tr>
<td>Home School</td>
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_____________________________  ________________________
PARENT/GUARDIAN’S SIGNATURE   DATE SIGNED

EMAIL

Transportation, including bussing and distribution of TTC tickets, is not included for specialized schools and programs.

Personal information contained on this form or general information collected on behalf of the Toronto District School Board 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 Blakely.McAlister@tdsb.on.ca or call 416 395 3190.
Optional Attendance Form
Application for a Secondary program at a school outside the resident area

Date____________________________________

Name of Requested Secondary School: ___________________________
Requested Start Date: ___________________________

Home or Sending School: ___________________________

For Grade: ___________________________
Number of Credits presently earned: ___________________________

Does a sibling presently attend the requested school and will continue to
attend in the next school year? Please check (✓) Yes_____ No_____
If YES: Name of Sibling________________________________________

Parents please note: Transportation is not provided for Optional Attendance students

Applicant’s Information:

Surname: ___________________________
Given Names: ___________________________
Birthday: ____ (DD/MM/YY)

Student’s Address: ___________________________
Apt. #: ___________________ Postal Code: _____________________

Telephone: ___________________________
Present Grade/Class: ___________ Student School I.D. Number: ___________________________
Student e-mail address (Print Clearly): ___________________________

Is the applicant under Optional Attendance at the present school? Yes/No

Parent/Guardian Information:

Parent/Guardian’s Name: ___________________________
Phone Number: ___________________________

Parent/Guardian’s e-mail address (Print Clearly): ___________________________

Secondary Program Applications: Student may choose up to four (4) schools ONLY. Two (2) specialized programs, two (2)
regular programs outside of your home school.

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<th>Specialized Programs &amp; Schools</th>
<th>Regular Programs/ Schools Outside your Home School</th>
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Conditions on the reverse of this form have been read and agreed to:

Parent/Guardian Signature: ___________________________
Student Signature (18 years of age or older): ___________________________

Current School Principal (or Designate) Signature: ___________________________
Date: ___________________________

For Office Use Only: Requested School’s Decision: □ Accepted □ Not Accepted
Signature of Requested School Principal: ___________________________
Date: ___________________________

Distribution: 1 copy: To Parent/Guardian when decision is made
1 copy: To TDSB Home or Sending School

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