

HSCDSB HOCKEY CANADA SKILLS ACADEMY

Application Form 2026-2027

STUDENT INFORMATION

Student's Surname _____ Student's Given Names _____ Age _____ Birthdate (DD/MM/YYYY) _____

Street Address _____ City _____ Postal Code _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

*Email Address: _____

*We ask for one email address only so that all confirmation and program correspondence be streamlined. Canada has implemented legislation which requires us to have your consent to send you emails with content related to "commercial activity" such as information on program fees, payment deadlines and anything associated with additional costs. By providing your email address here, you consent to receive email correspondence from the HSCDSB Hockey Canada Skills Academy Program.

Student's Current School: _____ Current Grade: _____

Individual Education Plan: Yes _____ No _____ Identified: Yes _____ No _____

Student's Current Hockey Organization (if applicable): _____ Division: _____

Position(s): _____ Total Years Played: _____

Please Note: Personal information on this form is collected under the authority of the Education Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used by the principal(s) and program staff to determine eligibility.



WRITTEN RESPONSES:

Student Response: Why would you like to enroll or continue in the HSCDSB Hockey Canada Skills Academy?

Parent Response: Why would you like to enroll or have your child continue in the HSCDSB Hockey Canada Skills Academy?



EXPECTATIONS AND CONSENT:

The Huron-Superior Catholic District School Board hopes that each student athlete and their family will get the most out of the HSCDSB Hockey Canada Skills Academy. By recognizing certain program expectations, we hope students and parents will be well informed and able to help create a successful school experience in this Specialized Learning Program. Please review the following sections and sign below to indicate that you have read and understood the expectations at the HSCDSB Hockey Canada Skills Academy.

Program Review

I understand that the school will provide ongoing review of student needs related to program delivery, available resources and program fit. If my child's ongoing needs (academic or behavioural) prove greater than the supports available within the HSCDSB Hockey Canada Skills Academy, a review and consultation will occur with the parent, classroom teacher and administrator to determine the student's suitability for continued placement in the program. The final decision will rest with the principal.

Home / School Communication

Specialized Learning Programs seek to establish an active, collaborative, supportive learning community of students, parents, and teachers. Certain guidelines need to be followed to ensure a positive experience for the entire learning community. Parents are expected to relate to staff and other parents in a positive and professional manner using appropriate conflict resolution procedures to help create a supportive learning environment. Parent participation is valued but educators hold the ultimate responsibility for program delivery.

Transportation

The Hockey Academy has been structured to offer the on-ice portion during school hours. With transportation being an integral and expensive undertaking for the program, student athletes are required to act responsibly in their efforts to meet departure times and exhibit appropriate behaviour / conduct while in transport.

Program Costs:

A non-refundable registration fee of \$100.00 is charged to each participant and covers:

Transportation to and from the rink and dry-land training facility. (HSCDSB Bus Code of Conduct applies to all transportation provided for during this program), Ice rental, Hockey Canada Skills Academy Participant Registration, one Hockey Canada Skills Academy Jersey, one pair of hockey socks and one Hockey Academy gym t-shirt.

Payment methods include: Cheque or eTransfer

(In an effort to ensure equity and inclusion, any families who require any form of financial assistance are asked to contact Janice D'Orazio, Administrative Assistant at Janice.dorazio@hscdsb.on.ca or 705-945-5632.)

Admission Considerations:

- Student applicants must be registered and enrolled in grades 5, 6, 7 or 8 at St. Basil.
- Students must demonstrate a strong commitment to their overall academics and commitment to hockey skill development.
- Student applicant's past attendance and behaviour record will be considered.
- The school principal will give applicants final approval of acceptance into the program.
- A lottery will decide placement if the number of successful applicants exceeds the space in the program.
- Late applicants will be placed on a first-come, first-served waiting list.
- Students may apply throughout the year if space is available.
- For students out of zone, out of zone approval must be obtained.



Steps to Complete Registration:

- Submit a completed application package to Janice D'Orazio at janice.dorazio@hscdsb.on.ca.

Note: A completed application package is due by **June 18, 2026** along with **\$100.00 non-refundable**.

Each application **MUST** include the following:

- Registration Form – includes Student Information, Written Responses, Expectations and Consent
- Copy of student's most current report card (and IEP if applicable) if not currently enrolled at St. Basil.
- \$100 payment - cheque payable to Huron Superior Catholic District School Board OR payment through e-Transfers can be sent to accountsreceivable@hscdsb.on.ca

NOTE: This account is registered for auto deposit. If the correct email address is entered our company name of Huron-Superior Catholic District School Board will appear, and it will indicate that the email address is registered for auto deposit. If you are asked to enter a security question and answer, the wrong email address was entered. When sending a transfer you must include the students name, and the name of the program in the message section. For example: Joe Smith Hockey Skills Program. If you encounter any issues please contact Janice D'Orazio at (705) 945-5632 (If the student is not accepted into the program, the deposit will be refunded).

I have read and understood the information on this application form. I understand that this application form does not guarantee admission into the program.

Name of Parent(s)/Guardian(s) (please print): _____

Parent signature: _____ Date: _____