



## SILVERTHORN COLLEGIATE INSTITUTE

291 Mill Road, Etobicoke, Ontario M9C 1Y5

# HIGH PERFORMER PROGRAM

Guidance Office 416 394-7010 ext. 20043

The High Performer Program is an academic program for students who are elite athletes involved in regional, provincial, national or international competition.

Silverthorn offers students with intense training schedules, the opportunity for a more flexible timetable in order to balance their out of school commitments, so that they can strive for both academic and athletic excellence.

### FEATURES & BENEFITS OF THE PROGRAM

- Semestered timetable offered to students in grades 9 to 12
- Open to students outside of school (TDSB boundaries)
- Customized courses with flexible timetables
- A dynamic and supportive learning environment
- Enriched level courses
- NCAA Collegeboard (SAT / ACT / PSAT) support
- Access to community mentors & motivational workshops
- Convenient access to training facilities

### ADMISSION CRITERIA

- Submission of application with supporting reference letter of intent written by the student applicant
- Evidence of training commitment – 10 to 15 hours per week
- A minimum 75% academic average
- Participation in an approved sport/activity at the provincial, national, or international level of competition
- Letter of recommendation from a qualified coach, or instructor, or organization, or a recent teacher
- Other Factors:
  - Out of school commitments - Artistic, Drama, Acting
  - Level of independence and self-motivation

### Application Process

- Complete the application form. Incomplete applications cannot be considered.
- Obtain a recommendation letter from your coach indicating information about your performance level, athletic talents, future potential or other characteristics.
- Obtain a copy of your most recent report card or transcript of your previous grades.
- Write a letter of intent indicating why you wish to apply to the High Performer Program, and how you might benefit from attending Silverthorn.
- Complete Silverthorn CI Registration Package and a course selection form.

**NOTE:** There is a **\$50 registration fee** that will apply when registering for the program.  
Please make cheque payable to Silverthorn Collegiate Institute.  
You may also pay by (debit or credit card) by visiting the main office.

### TDSB STATEMENT OF COMMITMENT

TDSB is committed to creating an equitable school systems where the achievement and well-being of every student is fostered thru 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.

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Guidance Department 416-394-7010 ext. 20043

### APPLICATION FOR ADMISSION

Name: \_\_\_\_\_ Present Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First

Sport/Activity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Health Card Number: \_\_\_\_\_  
Version

Academic Standing (average): \_\_\_\_\_ Special Education: IEP \_\_\_\_\_ IPRC \_\_\_\_\_ (date) \_\_\_\_\_

Level of Sport Performance: National \_\_\_\_\_ Provincial \_\_\_\_\_ Other (specify) \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
Street City Province

Postal Code: \_\_\_\_\_

I live at my parent's address \_\_\_\_\_ or live at . . .

Address: \_\_\_\_\_  
Street City Province

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grades Attended \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School Board \_\_\_\_\_ Student OEN #: \_\_\_\_\_

ATHLETE

PARENTS

RESIDENCE

CURRENT SCHOOL

**Athletic Information**

Name: \_\_\_\_\_ Club Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province

Postal Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Level of Coach: Provincial \_\_\_\_\_ National \_\_\_\_\_ Other \_\_\_\_\_

Name of Club/Team: \_\_\_\_\_

Training Centre: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of Hours of Training/Week: \_\_\_\_\_ Months of Season: \_\_\_\_\_

Please indicate your level of performance (*Ranking, National Team, Provincial Team, Major Tournament results, articles, etc.*)

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

Please outline your approx. weekly training schedule (days and times)

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

Please indicate the type of accommodations you might require to fulfill your athletic and academic obligations. How might you maximize your training and education opportunities?

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

**SIGNATURES**

\_\_\_\_\_  
Athlete Parent or Guardian



**Additional Information:**

The HP Program may waive the registration fee requirement where there is financial hardship. Please inquire. Transportation, including buses and distribution of TTC tickets, is not included for the Specialized HP Program. Due to the semestered nature of our schedule, the HP Program does not have specific timelines related to acceptance of the application. Although we consider **Course Selection** and **Optional Attendance** dates, admission is considered on an ongoing basis.

Personal information contained on this form or general information collected on behalf of the TDSB 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 (FOI) and Protection of Privacy Act (PA) and will be used for education, transportation and Health and Safety purposes.

**FOR OFFICE USE ONLY**

Missing Documentation: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_

Entry Grade Level: \_\_\_\_\_

Schedule Preferences : AM / PM / All Day / Blocks A B Lunch C D

Program Considerations / Accommodations Required:

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Interview / Committee Participants: Comments

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Accepted / Not Accepted

Notified: \_\_\_\_\_

- Program Registration Fee
- Report Card/Transcript
- Coach's Reference Letter
- Student's Personal Reference
- SCI Registration Package
- Student Activity Fee
- Course Selection