

# S.O.A.R. Elite Academy of Athletics



## PAULINE JOHNSON COLLEGIATE

627 Colborne St. E., Brantford, Ontario N3S 3M8 Tel: 519-756-1320 Fax: 519-756-0442 [www.soarpj.com](http://www.soarpj.com)

S.O.A.R Elite Academy of Athletics requires student-athletes to excel in three main areas:

- ✓ Academics
- ✓ Athletics
- ✓ Leadership

Student-athletes in this program are expected to be:

- ✓ Self-directed
- ✓ Self-motivated
- ✓ Dedicated to fitness, academics and positive character
- ✓ Receptive to a holistic training approach
- ✓ Receptive to constructive feedback

The submission due date for this application is: **Friday February 21, 2020 at 3pm**

Please be sure to complete the entire process and include all requirements for this application. Submitting a complete application is the responsibility of the applicant. Incomplete applications or applications submitted after the deadline will not be accepted and student applicants will therefore forfeit their request to be considered for the program.

## APPLICATION REQUIREMENTS

Please place the following items in a 9x12 envelope with "PJC-S.O.A.R. Program Application" and the student's name. Please submit to Pauline Johnson Collegiate's front office no later than 3pm on **Friday February 21, 2020**.

- Biographic Information and Freedom of Information Waiver
- Athletic Information
- Teacher Reference
- Coach/Trainer Reference
- Course Selection Form
- Admission Declaration
- Most Recent Report Card and Transcript (transcript for students new to PJ from another secondary school only)
- Secondary Student Registration Form (found on the PJC school website)
- Two post-dated cheques for \$100.00 each - dated September 1, 2020 and February 1, 2021 and payable to Pauline Johnson Collegiate



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### BIOGRAPHIC INFORMATION

Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian(s) Name:		
Address:	Apt/Unit:	Postal Code:
Date Of Birth:	Parent Email(s):	
Phone Number(s):		
Name of Current School:	Current Grade and Teacher:	
Designated Area Secondary School:		

### FREEDOM OF INFORMATION WAIVER

I give permission to my child's elementary teacher(s) and coach/trainer to provide references to Pauline Johnson Collegiate for purposes of S.O.A.R. program application and if accepted into the program to communicate with the SOAR teachers. I also grant permission to Pauline Johnson Collegiate S.O.A.R. selection committee to exchange information relevant to this application.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date



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### ATHLETIC INFORMATION

Name: \_\_\_\_\_

Declared Sport of Specialization (highest level of sport played)	Level of Play (Tier/Division, National, Provincial, Regional, Club)	Club Affiliation / Team Name (include name, phone # and email of contact person)
List all other sports played at club or community level (highest level of sport played)	Level of Play (Tier/Division, National, Provincial, Regional, Club)	Club Affiliation / Team Name (include name, phone # and email of contact person)

- 1) Do you currently complete regular strength and conditioning workouts?  
If yes, how many times per week? \_\_\_\_\_
- 2) Do you currently work with a conditioning coach or personal trainer?  
If yes, how many times per week? \_\_\_\_\_
- 3) Do you have any injuries or medical conditions that should be noted? \_\_\_\_\_



If yes, please describe:

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- 4) How would you describe your current level of fitness? (circle one)

Below average

Average

Above Average

- 5) Please identify two specific athletic/fitness/sports goals that you wish to attain within the next few years:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

- 6) What role do you envision fitness playing in reaching your goals?

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- 7) Please complete the following week-at-a-glance calendar. Remember to include all sport practice, individual training, and current strength and conditioning.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time (From-To)							
Total Hours							

Total Number of Training Hours, outside of school, per week: \_\_\_\_\_

- 8) What motivates you to do your best in athletics and in school?

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- 9) Referencing your academics, athletic background, and Learning Skills (from your most recent report card), please explain why you are a suitable candidate for S.O.A.R.

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### TEACHER REFERENCE

*Please give this questionnaire to a teacher of your choice. Once completed, please instruct them to place it in a sealed envelope and return it to the student to be submitted with the registration package.*

*Dear Teacher,*

*Thank you for taking the time to complete this questionnaire for the S.O.A.R. application process. This program requires student-athletes to participate in a demanding, high-level program designed to enhance fitness levels, build positive character and maintain strong academic standing.*

*Please be honest in your assessment of this candidate. Safety and appropriate placement is a necessary consideration for the program in order to ensure students are in an environment in which they can thrive and be successful.*

Teacher Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Subject/Grade taught to candidate: \_\_\_\_\_ Years you have known the candidate: \_\_\_\_\_

1. Ability to work independently  
1      2      3      4      5      (1 being poor, 5 being excellent)
2. Self-motivation / Self-direction  
1      2      3      4      5      (1 being poor, 5 being excellent)
3. Time management / Organization  
1      2      3      4      5      (1 being poor, 5 being excellent)
4. Respect for self and others  
1      2      3      4      5      (1 being poor, 5 being excellent)
5. Attention to academics  
1      2      3      4      5      (1 being poor, 5 being excellent)
6. Overall Character  
1      2      3      4      5      (1 being poor, 5 being excellent)



Please provide detail and depth as your reference plays a pivotal role in choosing the most deserving applicants.

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

Thank you for taking the time to complete this portion of the application.

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### COACH/TRAINER REFERENCE

*Please give this questionnaire to a coach/trainer/physical education teacher of your choice. Once completed, please instruct them to place it in a sealed envelope and return it to the student to be submitted with the registration package.*

*Dear Coach/Trainer/Physical Education Teacher,*

*Thank you for taking the time to complete this questionnaire for the S.O.A.R. application process. This program requires student-athletes to participate in a demanding, high-level program designed to enhance fitness levels, build positive character and maintain strong academic standing. Please be honest in your assessment of this candidate. Safety and appropriate placement is a necessary consideration for the program in order to ensure students are in an environment in which they can thrive and be successful.*

Coach/Trainer Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Years you have known the candidate: \_\_\_\_\_

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

1. Overall ATHLETIC ability  
1      2      3      4      5      (1 being poor, 5 being excellent)
2. Self-motivation / Self-direction  
1      2      3      4      5      (1 being poor, 5 being excellent)
3. Time management / Organization  
1      2      3      4      5      (1 being poor, 5 being excellent)
4. Respect for self and others  
1      2      3      4      5      (1 being poor, 5 being excellent)
5. Ability to work independently  
1      2      3      4      5      (1 being poor, 5 being excellent)
6. Overall Character  
1      2      3      4      5      (1 being poor, 5 being excellent)



Please provide detail and depth as your reference plays a pivotal role in choosing the most deserving applicants.

[illegible]

Thank you for taking the time to complete this portion of the application.

**Once completed, please remember to place this form or typed letter in a sealed envelope and return to the student.**





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<b>GRADE NINE</b> <b>S.O.A.R. STUDENTS MUST TAKE:</b> <ul style="list-style-type: none"><li>➤ 1 COMPULSORY CREDIT IN HEALTH &amp; PHYSICAL EDUCATION (SEMESTER 1 – PERIOD 1)</li><li>➤ 1 ELECTIVE CREDIT IN HEALTH &amp; PHYSICAL EDUCATION (SEMESTER 2 – PERIOD 1)</li><li>➤ 5 COMPULSORY CREDITS IN ENGLISH, SCIENCE, MATHEMATICS, GEOGRAPHY, FRENCH</li><li>➤ 1 ELECTIVE CREDIT IN FOOD AND NUTRITION</li></ul>	<table><tr><th></th><th>Semester One</th><th>Semester Two</th></tr><tr><td><b>Period 1</b></td><td>Healthy Active Living Grade 9</td><td>Healthy Active Living Grade 10</td></tr><tr><td><b>Period 2</b></td><td>English, Science Math, Geography, French</td><td>English, Science Math, Geography, French</td></tr><tr><td><b>Period 3</b></td><td>English, Science Math, Geography, French</td><td>English, Science Math, Geography, French</td></tr><tr><td><b>Period 4</b></td><td>Food and Nutrition Grade 9</td><td>English, Science Math, Geography, French</td></tr></table>		Semester One	Semester Two	<b>Period 1</b>	Healthy Active Living Grade 9	Healthy Active Living Grade 10	<b>Period 2</b>	English, Science Math, Geography, French	English, Science Math, Geography, French	<b>Period 3</b>	English, Science Math, Geography, French	English, Science Math, Geography, French	<b>Period 4</b>	Food and Nutrition Grade 9	English, Science Math, Geography, French
	Semester One	Semester Two														
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<b>Period 4</b>	Food and Nutrition Grade 9	English, Science Math, Geography, French														
<b>GRADE TEN</b> <b>S.O.A.R. STUDENTS MUST TAKE:</b> <ul style="list-style-type: none"><li>➤ 2 ELECTIVE CREDITS IN HEALTH &amp; PHYSICAL EDUCATION</li><li>➤ 4 COMPULSORY CREDITS IN ENGLISH, SCIENCE, MATHEMATICS, HISTORY</li><li>➤ 1 COMPULSORY CREDIT IN CIVICS AND CAREERS WITH A FOCUS ON SPORT</li></ul>	<table><tr><th></th><th>Semester One</th><th>Semester Two</th></tr><tr><td><b>Period 1</b></td><td>Civics/Careers</td><td>English, Science, Math, History or Elective</td></tr><tr><td><b>Period 2</b></td><td>English, Science, Math, History or Elective</td><td>English, Science, Math, History or Elective</td></tr><tr><td><b>Period 3</b></td><td>English, Science, Math, History or Elective</td><td>English, Science, Math, History or Elective</td></tr><tr><td><b>Period 4</b></td><td>Healthy Living and Individual and Small-Group Activities Grade 10</td><td>Healthy Living and Personal and Fitness Activities Grade 11</td></tr></table>		Semester One	Semester Two	<b>Period 1</b>	Civics/Careers	English, Science, Math, History or Elective	<b>Period 2</b>	English, Science, Math, History or Elective	English, Science, Math, History or Elective	<b>Period 3</b>	English, Science, Math, History or Elective	English, Science, Math, History or Elective	<b>Period 4</b>	Healthy Living and Individual and Small-Group Activities Grade 10	Healthy Living and Personal and Fitness Activities Grade 11
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<b>GRADE TWELVE</b> <b>S.O.A.R. STUDENTS MUST TAKE:</b> <ul style="list-style-type: none"><li>➤ 1 ELECTIVE CREDIT IN HEALTH &amp; PHYSICAL EDUCATION</li></ul>	<table><tr><th></th><th>Semester One</th><th>Semester Two</th></tr><tr><td><b>Period 3</b></td><td>Healthy Living and Individual and Small-Group Activities Grade 12</td><td></td></tr></table>		Semester One	Semester Two	<b>Period 3</b>	Healthy Living and Individual and Small-Group Activities Grade 12										
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### GRADE 9 - S.O.A.R. OPTION SHEET 2020-21

COMPULSORY COURSES - Check ONE box in each category					
NOTE: All decisions should be made in consultation with the grade 8 teacher or Guidance Counselor					
ENGLISH	MATH	SCIENCE	CANADIAN GEOGRAPHY	PHYSICAL EDUCATION FOOD and NUTRITION (Mandatory SOAR Courses)	FRENCH or NATIVE LANGUAGE
<input type="checkbox"/> Academic <input type="checkbox"/> Applied <input type="checkbox"/> Locally Developed <input type="checkbox"/> ESL/ELD	<input type="checkbox"/> Academic <input type="checkbox"/> Applied <input type="checkbox"/> Locally Developed	<input type="checkbox"/> Academic <input type="checkbox"/> Applied <input type="checkbox"/> Locally Developed	<input type="checkbox"/> Academic <input type="checkbox"/> Applied	Mandatory requirements of the program:  PPL10 PAF20 HFN10 Blended Learning**	<input type="checkbox"/> French Academic <input type="checkbox"/> French Applied <input type="checkbox"/> French Open <input type="checkbox"/> Mohawk
ELECTIVE COURSES – For those who have taken reach ahead (Number your top three choices – one being your first choice and three being your last choice)			CUSTOM PROGRAMS Grade 8 teacher recommendation is required for Custom Programs		
<input type="checkbox"/> ADA10 Drama <input type="checkbox"/> ALC10 Integrated Arts (Combines media, visual art, instrumental music, drama) <input type="checkbox"/> AMI10 Music ( <i>Instrumental</i> ) <input type="checkbox"/> AMV10 Music ( <i>Vocal</i> ) <input type="checkbox"/> AVI10 Visual Arts <input type="checkbox"/> BTT10 Business and Computers <input type="checkbox"/> NAC10 Native Arts <input type="checkbox"/> TFJ10 Technologies ( <i>focus on hospitality/foods</i> ) <input type="checkbox"/> TIJ10 ( <i>Auto, Woodworking, Machining, Drafting</i> )			<input type="checkbox"/> PJ Enrichment - <i>Separate application required.</i>  Includes reach ahead opportunities and a focus on leadership skills, enriched science in grade 9 and a tour of Ryerson University and multiple opportunities to extend learning outside classroom. Application packages are on the PJC website or email <a href="mailto:michelle.colton@granderie.ca">michelle.colton@granderie.ca</a>		

By signing here, you agree to the sharing of information between elementary and secondary school staff to ensure a successful transition.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Signature of Student)



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### ADMISSIONS DECLARATION

#### S.O.A.R Student Profile:

- In good academic standing
- Achieving a minimum level of “satisfactory” in all learning skills
- Exhibits positive character traits and leadership
- An exemplary school and community ambassador
- Dedicated to athletic training and principles

By signing this form, I declare that the information provided is accurate to the best of my knowledge.

By signing this form, I understand that, if I do not adhere to the standards listed within the S.O.A.R. profile, I may forfeit my eligibility to remain within the program.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date

Please ENSURE THAT ALL DOCUMENTS listed on the last page of this application package are submitted at the same time for your application to be considered complete.



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### ALL DOCUMENTS REQUIRED FOR SUBMISSION

#### FOR OFFICE USE

- ☐ Biographic Information and Freedom of Information Waiver (completed and signed)
- ☐ Athletic Information
- ☐ Teacher reference (sealed envelope)
- ☐ Coach/Trainer reference (sealed envelope)
- ☐ Course Selection Form
- ☐ Admission Declaration
- ☐ Most Recent Report Card and Transcript (if applicable)
- ☐ Secondary Student Registration Form (found on school website)
- ☐ Two post-dated cheques for \$100.00 each  
- dated September 1, 2020 and February 1, 2021 and payable to Pauline Johnson Collegiate

All documents have been received by: \_\_\_\_\_ on: \_\_\_\_\_

(PJCVS Staff Name – Please print and sign)

(Date)

