



REQUEST FOR SUPERVISED ALTERNATIVE LEARNING

Request made by

- Student (16 or 17 years of age who has withdrawn from parental control)
 Parent/Guardian
 Principal (Principal must inform, and request input from, the parent/guardian before submitting application to committee.)

Student Information

Name: _____
(first name) (middle name) (last name)

Grade: _____ OEN: _____ Language spoken: _____

Date of birth: _____ Gender: F M

Address: _____ City/Town: _____ Postal code: _____

Home telephone: _____ Cellular: _____ Email: _____

Parent/Guardian Information

Name: _____ Telephone: _____

Address (if different from student's): _____

School Last Attended by Student

Name of school: _____

Address: _____ City/Town: _____ Postal code: _____

Telephone: _____ Fax: _____

Last day of attendance: _____

Reason for Request	Proposed Activities <input type="checkbox"/> Credit course(s) <input type="checkbox"/> Employment <input type="checkbox"/> Non-credit courses (e.g., life skills) <input type="checkbox"/> Certification and training <input type="checkbox"/> Counselling <input type="checkbox"/> Volunteer opportunity <input type="checkbox"/> Other: _____
Comments	

Student Signature

Date

Parent/Guardian Signature

Date

Principal Signature

Date