



## REQUEST TO RENEW SUPERVISED ALTERNATIVE LEARNING

Student Name: \_\_\_\_\_  
(first name) (middle name) (last name)

Date of Birth: \_\_\_\_\_ OEN: \_\_\_\_\_

Date of Initial SAL Approval: \_\_\_\_\_

- Request for renewal of SAL with no changes to the Supervised Alternative Learning Plan\*
- Request for renewal of SAL with changes to the Supervised Alternative Learning Plan\*
- Request for a SAL Committee meeting to review SAL and the SAL Plan with the student and parent present

\*Written consent of the parent must be obtained. Supervised Alternative Learning may be renewed for a maximum of one year without requiring a new SAL application.

Documents submitted:

- Supervised Alternative Learning Plan
- Other documents (e.g., principal's review, report from primary contact, attendance report)

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

Principal's Comments:

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Supports Renewal of SAL:  YES  No

Parent's Comments:

I have been consulted on the renewal of SAL and the Supervised Alternative Learning Plan.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Comments:

I have been consulted on the renewal of SAL and the Supervised Alternative Learning Plan.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_