



## 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- Student (16 or 17 years of age who has withdrawn from parental control)  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: \_\_\_\_\_

<b>Reason for Request</b>	<b>Proposed Activities</b> <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: _____
<b>Comments</b>	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date