

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- Student (16 or 17 years of age who has withdrawn from parental control)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 the committee.)

STUDENT INFORMATION

STUDENT: _____ GRADE: _____
 DATE OF BIRTH: _____ OEN: _____
 ADDRESS: _____ HOME PHONE: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN: _____ Telephone (day): _____

 ADDRESS (if different from student's) _____

SCHOOL LAST ATTENDED BY STUDENT

SCHOOL: _____
 ADDRESS: _____
 TELEPHONE: _____ LAST DAY OF ATTENDANCE: _____

REASON FOR THE REQUEST

- Credit Course Employment Non-Credit courses (e.g., life skills)
 Certification and Training Counselling Volunteer opportunity
 Other/Comments _____

Attach Credit Counselling Summary with Request for SAL.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize the release to the Huron-Superior Catholic District School Board SAL Committee, the necessary records and relevant data regarding

_____ (D.O.B.) _____ .

Signature of Student

Date

Signature of Parent/ Guardian

Date

Signature of Principal

Date

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, personal information on the form is being collected under the authority of The Education Act, Section 1.(1) and Regulation 305, and will be used for the purpose of the development of a Supervised Alternative Learning Plan for the student.