



**SUPERVISED ALTERNATIVE LEARNING (SAL)
APPLICATION – STUDENT REQUEST**

SAL APPLICATION – PART 1

Student Request Form – Student is 16 or 17 years of age and withdrawn from parental consent

Section A: Student Data

RETAIN ORIGINAL IN O.S.R.

STUDENT: IEP: YES NO
 SCHOOL: PRINCIPAL:
 PARENT/GUARDIAN: HOME PHONE: CELL:
 EMAIL ADDRESS:
 911 ADDRESS:
 PRESENT GRADE OR YEAR: DATE OF BIRTH: O.E.N.:

Proposed Activities:

- Credit Course(s) Employment Non-credit courses (e.g. life skills)
- Certification and training Counselling Volunteer opportunity
- Other

Reason for Application:

Student's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

When complete, all sections (Part 1, Part 2 (2 pages), and Part 3A or Part 3B or Part 3C) of this application must be submitted to:

**Principal,
Attendance Counsellor
St. Clair Catholic District School Board**

Please Note:

School staff will be informed of a date, time, and place for a meeting regarding this application. School staff will be asked to inform parents. The SAL placement cannot commence until the SAL Committee has approved the application.



**SUPERVISED ALTERNATIVE LEARNING (SAL)
APPLICATION – SCHOOL INFORMATION**

SAL APPLICATION – PART 2

RETAIN ORIGINAL IN O.S.R.

STUDENT:

IEP: YES NO

DATE OF BIRTH:

IPRC: YES NO

SCHOOL:

GRADE:

Last elementary school attended:

Academic performance in elementary:

Number of credits completed:

Current subjects and standing:

Standardized test results *(if available)*:

Current attendance:

Previous year's attendance:

Health factors *(if applicable)*:

Motivation to succeed in school:

Student's attitude towards school:

Steps taken by parent and school to keep this student in school:

Attitude of student toward the SAL proposal:



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APPLICATION – SCHOOL INFORMATION**

Other agencies known to be involved with this student:

Other relevant data:

Outline the plan for school supervision of the SAL program:

Staff Supervisor: _____

Principal's Signature: _____ Date: _____