



TEMPLATE FOR A REQUEST FOR SUPERVISED ALTERNATIVE LEARNING (SAL)

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- Student (16 or 17 years of age who has withdrawn from parental control)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:
 ADDRESS: CITY: POSTAL CODE:
 HOME PHONE: CELL:
 EMAIL ADDRESS:

DATE OF BIRTH: OEN: GRADE:
 LANGUAGE SPOKEN: AGE: GENDER:

PARENT/GUARDIAN INFORMATION

NAME:
 ADDRESS: CITY: POSTAL CODE:
 HOME PHONE: CELL: WORK:

SCHOOL LAST ATTENDED BY STUDENT

SCHOOL: PRINCIPAL:
 ADDRESS: CITY: POSTAL CODE:
 PHONE: LAST DAY OF ATTENDANCE:

REASON FOR REQUEST

PROPOSED ACTIVITIES

- Credit course(s)
- Certification and training
- Other: _____
- Employment
- Counselling
- Non-Credit course(s)
- Volunteer opportunity

COMMENTS

Parent/Guardian Signature: _____ Date: _____
 Student's Signature: _____ Date: _____
 Principal's Signature: _____ Date: _____