PARENT / GUARDIAN'S APPLICATION
To the Supervised Alternative Learning For Excused Pupils (S.A.L.E.P.) Committee

STUDENT INFORMATION

Student: _____ School: _____
First Name *Surname*

Date of Birth: _____ Grade: ☐ 9 ☐ 10 ☐ 11 ☐ 12
mm / dd / yyyy

Name of Parent or Legal Guardian: _____

Street: _____

Town/City: _____

Postal Code: _____

Phone Numbers

Home _____

Mother's Work /Cell _____

Father's Work/Cell _____

Student's Cell _____

REASON(S) FOR APPLICATION

I hereby make application for my child to participate in S.A.L.E.P. as outlined in Ontario Regulation 308 of the Education Act, for the following reason(s):

ACKNOWLEDGMENT / CONSENT

In signing this application, I consent to allow the Principal to disclose information to parties involved in the application process. The Principal's Report and the S.A.L.E.P. Facilitator's Report may include information from my child's Ontario School Record. I also consent to a parent approved absence during the Pre-S.A.L.E.P. trial period. I understand that my child will be monitored by the S.A.L.E.P. Facilitator during such time. I understand that my child and I must be present at the S.A.L.E.P. meeting for a determination to be made.

_____ _____ _____
Signature of Parent/Guardian *Signature of Parent/Guardian* *Date*

_____ _____ _____
Signature of Principal *Signature of S.A.L.E.P. Facilitator* *Date*

Personal information contained on this form is collected pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act.* Questions about the collection and the use of this personal information should be directed to the Freedom of Information Administrator, York Catholic District School Board, 320 Bloomington Rd. W., Aurora, Ontario, L4G 3G8 or (905) 713-2711.