



**STUDENT'S APPLICATION**  
**To the Supervised Alternative Learning For Excused Pupils (S.A.L.E.P.) Committee**

**STUDENT INFORMATION**

Student: \_\_\_\_\_  
*First Name Surname*

School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 mm / dd / yyyy

Grade:     9     10     11     12

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 AND PLAN OF ACTION**

I support my parent/guardian's application to participate in S.A.L.E.P. as outlined in Ontario Regulation 308 of the Education Act for the following reason(s):

I hope to achieve the following during my S.A.L.E.P.-approved period:

I plan to do the following after my S.A.L.E.P.-approved period:

I understand that my parent/guardian(s) and I must attend the S.A.L.E.P. Committee meeting in order for my application to be considered. I will attend when it is scheduled.

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Principal*

\_\_\_\_\_  
*Signature of S.A.L.E.P. Facilitator*

\_\_\_\_\_  
*Date*

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