



Coast Mountains Board of Education School District 82

3211 Kenney Street, Terrace, BC V8G 3E9
Tel. (250) 635-4931 or 1-855-635-4931 • www.cmsd.bc.ca

Student Application Form for Alternate Schools (pages 1-4)

(Parkside Secondary, Kitimat City High and Hazelton Game Changer Program)

School: Parkside Secondary School		Date:	
Legal Name:		Grade:	
Name used:		Gender:	
DOB: day	month	year	Proof of age:
Home language:			
Physical address:		Postal code:	
Mailing address:		Postal code:	
Phone number:			
Last school attended:		City and province;	
Phone number:		School email:	
Grade:	Designation:	ELL:	Other:
Supporting documentation collected:			
Parent/Guardian:		Relationship:	
Address if different from student:			
Phone number:		Email:	
Parent/Guardian:		Relationship:	
Address if different from student:			
Phone number:		Email:	



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Custody: <small>(Inuit, Metis, non-status, status off-reserve, status on-reserve)</small>	Court order;
Aboriginal ancestry:	
Band of residence name:	Number:
Medical information	Care card number:
Doctor:	Phone:
Dentist;	Phone:
Allergies and health concerns <small>(emergency plan required?)</small> :	
Immigration <small>(copies of federal immigration documentation must be provided)</small> :	
Country of birth:	Immigration status:
Citizen of:	Language:
Entry date:	Expiration date:
Emergency contact:	Phone number:
Emergency contact:	Phone number:
Emergency contact:	Phone number:
Parent Signature:	
Office use only	
Class teacher:	Grade:
MyEdBC number:	Bus route and stop:
The information on this form is collected under the authority of the School Act. Information used by the School District for Ministry of Education reporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.	



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"You gotta have a dream; if you don't have a dream how are you going to have a dream come true."
Oscar Hammerstein

Student name:		Date:
Student signature:		Grade:
Student cell phone:		
Teacher completing interview:		
Months out of school and reason:		
Last school attended and reason for leaving:		
Social worker: yes or no	Name:	Agency:
Counsellor: yes or no	Name:	Agency:
Probation Officer: yes or no	Name:	Reason:
<small>(examples: addiction's support, counselling through Child and Youth Mental Health, support through First Nations Band or Kermode Friendship, community options society (TDCSS),</small> Any other outside agency support:		



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Student Interview

Please answer the following questions honestly and accurately. The information will be kept confidential.

What does alternate school mean to you? _____

Why do you want to attend an alternate program? _____

How did you hear about this alternate program? _____

Reasons for referral to Alternate Program

- Medical concerns: _____
- Poor attendance
- Skipping
- Not going
- Chronic class disruption
- Easily distracted/hard time focusing
- Anxious in groups
- Authority and defiance issues with teachers/adults
- Poor problem solving skills
- Peer conflict/bullied
- Difficulty making friends
- Easily succumbs to peer pressure
- Lack of social skills (socially awkward)
- Trouble with school work
- Do you currently have an IEP? yes or no
- Do you know your ministry designation? yes or no
- Unwilling to do school work
- Easily frustrated with school work
- Feeling overwhelmed at school
- Anger management issue
- Drug and/or alcohol issues
- Fighting
- Depression/withdrawal
- Sleeping patterns
- Family conflicts
- History of suspensions: yes or no: what kinds? _____
- Other (specify): _____



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Consent for Release/Share Information

Student:	DOB: day	month	year
School:	Date:		
Parent/Legal guardian's name:			
Relationship to student:			

I, _____ (print parent/legal guardian's name), hereby consent to the release of pertinent reports/information, including confidential special services file, for the purpose of planning/discussing my child's educational program, progress and other concerns relevant to supporting his/her success.

This information is considered confidential and will be treated accordingly. It will only be shared insofar as it will help to support my child's educational progress. Student files in the Coast Mountains School District are open to parents and students, as required by the School Act.

Collecting/releasing/sharing information from:

May include any one or more of the following – please check box and include name.

- Individual Schools _____
- School Districts _____
- Medical Community Personnel _____
- Ministry of Children and Family Development _____
- Child and Youth Mental Health _____
- First Nations Education Coordinator/Administrator _____
- RCMP/Youth Probation _____
- Child Development Centre _____
- Other _____

I certify I am the parent or legal guardian of the above named student.

Parent signature: _____

