oast 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:	Court order;			
(Inuît, Metis, non-status, status off-reserve, status on-reserve) Aboriginal ancestry:				
Band of residence name:	Number:			
Medical information	Care card number:			
Doctor:	Phone:			
Dentist;	Phone:			
Allergies and health concerns (emergency plan required?):				
Immigration (copies of federal immigration documentation must be provided):				
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.				

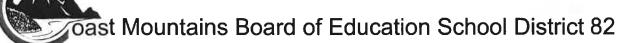
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Student Application Form for Alternate Schools (pages 1-4)

"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:					
Student signature:					
Student cell phone:					
Teacher completing interview:					
Months out of school and reason:					
Last school attended and reason for leaving:					
Name:	Agency:				
Name:	Agency:				
Name:	Reason:				
(examples: addiction's support, counselling through Child and Youth Mental Health, support through First Nations Band or Kermode Friendship, community options society (TDCSS), Any other outside agency support:					
	for leaving: Name: Name: Name:				



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Student Interview

Please confide	answer the following questions honestly and accurate ential.	ly. The information will be kept
What d	loes alternate school mean to you?	
Why do	you want to attend an alternate program?	
How die	d you hear about this alternate program?	
Reason	ns for referral to Alternate Program	
	Medical concerns:	
	Poor attendance	
	Skipping	
	Not going	
О	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)	6
	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,					
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:					