



SCHOOLS OF CHOICE APPLICANT INFORMATION

Incomplete or false statements on this form, if ascertained later may result in immediate cancellation of this admission to Pembina Trails School Division

Student _____ M ___ F ___ Birth date d ___ /m ___ /y ___ Age _____

Parent/legal guardian _____ Phone _____

Address _____ Postal code _____

Home school division _____ School last attended _____

Last date of attendance _____

Student wishes to enrol in grade _____ at _____ School

Is the student attending any other school? Yes _____ No _____

If yes, which school(s)?

Has the student been suspended from school during the previous 12 months? Yes _____ No _____
If yes, please explain

Has the student been expelled from another school? Yes _____ No _____
If yes, please explain

Is the student currently under a court order to attend school? Yes _____ No _____

Does the student require additional support services such as resource, counseling, psychology or any specially developed program? Yes _____ No _____
If yes, please explain

If currently enrolled in grade 9, is this student likely to earn all compulsory courses? Yes _____ No _____

If no, check courses not likely to be completed: Math ___ Science ___ English ___ Social studies ___ Phys ed ___

Do you agree to allow your child's current school to release written/verbal information including educational, medical, and behavioural or any other pertinent information concerning your child? This personal information will be used to facilitate educational planning and will be kept confidential. Yes _____ No _____

Signature of parent/legal guardian or student (18 or over) _____ date _____

PLEASE PROVIDE A COPY OF THE CHILD'S MOST RECENT REPORT CARD IF ONE IS AVAILABLE.

Subject to the conditions of schools of choice legislation, this applicant may be considered for placement.

Signature of principal _____ date _____

Accomplish Anything