



APPLICATION FORM

Applicants please note: The Focus Program teacher must confirm your participation in a program.

PERSONAL INFORMATION:

NAME: _____ **Sex** M / F
 Surname Given Names Known as
ADDRESS: _____ **Birthday (YR/MM/DD)** _____
 Number Street Apt. #
 _____ **City / Town** **Postal Code**
 _____ **Home Telephone #** _____ **email address:** _____

APPLICATION INFORMATION:

Home School is defined as the school where the student originates from and the OSR currently resides

Host School is defined as the school which offers the Focus Program

Current Home School: _____ Student ID #: _____ OEN#: _____

Credit Counselling Summary Attached

Does the student have assessed learning needs indicated by an IEP? YES NO

Will the student benefit from additional program supports? YES NO

Is the applicant a VISA student? YES NO

Please indicate your plans for both semesters:

SEMESTER 1

Focus Program Selection: _____ Host School: _____

SEMESTER 2

Focus Program Selection: _____ Host School: _____

If Focus Program is only 3 credits, please indicate other course requests, in order of preference.

Semester I

Semester II

Expanded Opportunities (please check to indicate the student is aware of the following)

Additional OYAP consultation / EOIS application will be required to become a registered apprentice: YES NO

Additional Dual Credit consultation/ application will be required in addition to the Focus application: YES NO

Additional SHSM components will need to be completed to earn the Specialist Diploma: YES NO

TRANSPORTATION: TRANSPORTATION IS NOT GUARANTEED TO ALL FOCUS PROGRAMS.

If transportation is required, please attach a completed Tri-Board Transportation Application Form.

Host School: Please fax to Tri Board Transportation 613 354-1279 c/o Velma Storms

Focus Program Transportation Application Attached

FAMILY INFORMATION:

I live with: Both Parents Mother only Father only Guardian
 Other: _____

Mr.	Relationship to student:	Home phone Cell Phone Business phone
Mrs. /Ms./ Miss	Relationship to student:	Home phone Cell Phone Business phone
Other	Relationship to student:	Home phone Cell Phone Business Phone

Will you be applying for daycare? (if available in your school) YES NO
 Parent / Guardian Information:

HEALTH INFORMATION:

Emergency Contact: _____ Phone: _____
 (Other than parents)

Doctor: _____ Phone _____ Health Card #: _____

Medic Alert or health information the school should be aware of:

REQUIRED SIGNATURES:

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ (required if student is under 18 years of age)

FOR HOME SCHOOL USE ONLY

The student's course selection has been discussed with their guidance counselor: YES NO

The student is a potential graduate Feb. 2013 YES June 2013 YES

Guidance Counsellor Home School signature: _____

FOR HOST OFFICE USE ONLY

Entry Date: _____ OSR Requested Date: _____

Reg Form Entered: _____ Date: _____ IEP Transfer Request Date: _____

Bus Form Sent Date: _____