



Cornwall Alternative School

♦ Winner of nine national awards for excellence in education ♦

One of the top 30 charities in Canada chosen by Charity Intelligence

Bryan Rice, Principal/CEO ♦ 40 Dixon Crescent ♦ Regina, SK S4N 1V4

Phone (306) 522-0044 ♦ Fax (306) 359-0720

Application for Admission

Student Name:	Referral Date:
Date of Birth: _____ Day/Month/Year	Referring Agent: Referring Phone:
Parent/Guardian:	Referrer Email:
Phone Primary	Current School:
Phone Secondary	Current Grade:
Parent Email:	Previous School(s):
Address:	Ministry ID#
Postal Code:	Days Absent (Current Year)
Transportation Plan:	Division:

Grade 10, 11, and 12 – A requirement of a Credit Transcript is a requirement for the application.

Grade 7-12 - Application package complete, including any supporting documents, EIIP Printed Copy (Not Digital, as we do not have CLEVR), and a summary of relevant assessment information through the intake process.

Reason for Referral

(Please explain the primary and supporting reasons for referral to CAS)

Areas for Growth
Check all that apply.

Attendance:

<input type="checkbox"/> Irregular attendance	<input type="checkbox"/> Regularly leaves class without permission
<input type="checkbox"/> Regularly shows up late	<input type="checkbox"/> Regularly misses class unexcused
<small>*Describe in detail with information on checked boxes</small>	

Academic Habits:

<input type="checkbox"/> School performance/work	<input type="checkbox"/> Difficulty working independently
<input type="checkbox"/> Completes little work	<input type="checkbox"/> Difficulty staying on task
<input type="checkbox"/> Difficulty with writing	<input type="checkbox"/> Difficulty with verbal expression
<input type="checkbox"/> Difficulty with reading	<input type="checkbox"/> Struggle with engagement
<small>*Describe in detail with information on checked boxes</small>	

Behaviour:

<input type="checkbox"/> Classroom disruptions	<input type="checkbox"/> Uncooperative or oppositional
<input type="checkbox"/> Physical or verbally aggressive	<input type="checkbox"/> Easily distracted
<input type="checkbox"/> Difficulty with peers and relationships	<input type="checkbox"/> Low self-identity (social/emotional)
<input type="checkbox"/> Substance abuse concerns	<input type="checkbox"/> Verbally abusive to staff or peers
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Physically abusive to staff or peers
<input type="checkbox"/> Inappropriate behavior or sexual interactions with staff or peers	<input type="checkbox"/> Struggle with belonging
<small>*Describe in detail with information on checked boxes</small>	

Assessments:

Academic Testing Completed: <input type="radio"/> Yes <input type="radio"/> No	Please include copies with the application or data gathered from the student file.
Psychological Testing Completed: <input type="radio"/> Yes <input type="radio"/> No	Please include copies with the application or data gathered from the student file.
<p>*Describe in detail with information on checked boxes</p>	

Support Services/Agency Involvement

Support/Name	Email	Phone
Social Worker:		
Child and Youth:		
Addictions Services:		
Corrections Worker:		
School Personnel:		
Psychologist/ Psychiatrist		
Other:		

Medical Information

Saskatchewan Health Number:	
Medical Alerts, Allergies, or Conditions:	

Medical Information

Emergency Contact:	
Address:	
Phone:	

Permission Form for Placement at Cornwall Alternative School

I/We give permission for the School Board/Agency representative of:

_____ to present: _____

for consideration by the Cornwall Alternative School Intake Committee. We understand that the committee's recommendation will be discussed with us.

Parent/Guardian Signature:

Principal Signature:

School:

Date: