Cornwall Alternative School
♦ Winner of nine national awards for excellence in education ♦
One of the top 30 charities in Canada chosen by Charity Intelligence
Andrew Irwin-Pasloski, 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 Phone Secondary	Current School: 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 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:

O Irregular attendance	O Regularly leaves class without permission
O Regularly shows up late	O Regularly misses class unexcused

*Describe in detail with information on checked boxes

Academic Habits:

O School performance/work	O Difficulty working independently
O Completes little work	O Difficulty staying on task
O Difficulty with writing	O Difficulty with verbal expression
O Difficulty with reading	O Struggle with engagement

*Describe in detail with information on checked boxes

Behaviour:

O Classroom disruptions	O Uncooperative or oppositional
O Physical or verbally aggressive	O Easily distracted
O Difficulty with peers and relationships	O Low self-identity (social/emotional)
O Substance abuse concerns	O Verbally abusive to staff or peers
O Withdrawn	O Physically abusive to staff or peers
O Inappropriate behavior or sexual interactions with staff or peers	O Struggle with belonging

*Describe in detail with information on checked boxes

Assessments:

Academic Testing Completed: O Yes O No	Please include copies with the application or data gathered from the student file.
Psychological Testing Completed: O Yes O No	Please include copies with the application or data gathered from the student file.

*Describe in detail with information on checked boxes

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: