



Cornwall Alternative School

40 Dixon Crescent, Regina, SK | Telephone: 306-522-0044 | FAX: 306-359-0720

Application for Admission

Name of Student: _____ Date of Referral: _____
Date of Birth: _____ Address: _____
Parent/Guardian: _____ Postal Code: _____
Phone: _____ Parent Email: _____
Current School: _____ Current Grade: _____
Previous School(s): _____ Ministry ID #: _____
Days Absent (current year): _____
Referring Agent: _____ School/Organization: _____
Referrer`s Phone Number: _____ Referrer`s Email: _____
What is the transportation plan for this student? : _____

Reason for Referral

(Please explain the primary reason for referral to our program):



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Areas for Growth (check all those 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 skips classes |

*Please describe in detail why you have checked the boxes:

Work:

- | | |
|---|--|
| <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 written work | <input type="checkbox"/> Difficulty with verbal expression |
| <input type="checkbox"/> Difficulty with reading | |

*Please describe in detail why you have checked the boxes:

Behaviour:

- | | |
|--|--|
| <input type="checkbox"/> Disruptive in class | <input type="checkbox"/> Uncooperative |
| <input type="checkbox"/> Physically or verbally aggressive | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Difficulty interacting with peers | <input type="checkbox"/> Poor self-concept |
| <input type="checkbox"/> Substance abuse concerns | <input type="checkbox"/> Verbally abusive to staff or students |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Physically abusive to staff or students |
| <input type="checkbox"/> Inappropriate sexual interactions with staff or peers | |

*Please describe in detail why you have checked the boxes:



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Assessments:

Has there been any academic testing done?

Yes No

*If yes, please provide along with the application

Has there been any psychological testing done?

Yes No

*If yes, please provide along with the application (if possible)

Support Services/Other Agency Involvement:

Social Worker: _____

Phone Number: _____

Email: _____

Child and Youth Worker: _____

Phone Number: _____

Email: _____

Addictions Services: _____

Phone Number: _____

Email: _____

Corrections Worker: _____

Phone Number: _____

Email: _____

School Personnel: _____

Email: _____

Psychologist/Psychiatrist: _____

Phone Number: _____

Other: _____

Medical Information:

Health Services Number: _____

Medical Alerts or Allergies: _____

Emergency Contact Information:

Emergency Contact Person: _____

Phone Number: _____

Emergency Contact Address: _____