



SUPERVISED ALTERNATIVE LEARNING (SAL)

SAL APPLICATION – PART 3C

ALTERNATIVE ACTIVITY INFORMATION *(to be completed for alternate activities)*

STUDENT INFORMATION

STUDENT:
SCHOOL:

DATE OF BIRTH:
GRADE:

ACTIVITY INFORMATION

NAME OF ACTIVITY:
LOCATION/ADDRESS:

NAME OF CONTACT:
PHONE:

DESCRIPTION OF ALTERNATIVE ACTIVITY:

DAILY SCHEDULE:

ALTERNATIVE ACTIVITY CAN BEGIN ON:

ALTERNATIVE ACTIVITY CONTACT STATEMENT:

I confirm that the alternative activity will be as described above.

I am aware that the pupil named above is of compulsory school age and that consent to be absent from school will be automatically withdrawn if the above described conditions change.

I confirm that the pupil named above is old enough to engage in the alternative activity described above and will not be placed in a situation that contravenes the Employment Standards Act, the Workplace Safety and Insurance Board Act or the Occupation Health and Safety Act.

I understand that the pupil named above will be subject to monitoring by the St. Clair Catholic District School Board and I will co-operate with them so that such can be carried out.

Alternative Activity Supervisor's Signature: _____

Date: _____