

## TEMPLATE FOR A REQUEST FOR SUPERVISED ALTERNATIVE LEARNING (SAL)

☐ Parent/Guardian	who has withdrawn from parental contr	
STUDENT INFORMATION		
NAME: ADDRESS: HOME PHONE: EMAIL ADDRESS:	CITY: CELL:	POSTAL CODE:
DATE OF BIRTH: LANGUAGE SPOKEN:	OEN: AGE:	GRADE: GENDER:
PARENT/GUARDIAN INFORMATI	ION	
NAME: ADDRESS: HOME PHONE:	CITY: CELL:	POSTAL CODE: WORK:
SCHOOL LAST ATTENDED BY S	TUDENT	
SCHOOL: ADDRESS: PHONE:	PRINCIPAL: CITY: LAST DAY OF ATT	POSTAL CODE: ENDANCE:
REASON FOR REQUEST		
PROPOSED ACTIVITIES  ☐ Credit course(s) ☐ Certification and training ☐ Other:	☐ Employment☐ Counselling	<ul><li>□ Non-Credit course(s)</li><li>□ Volunteer opportunity</li></ul>
COMMENTS		
Parent/Guardian Signature:		Date:
Student's Signature:		Date:
Principal's Signature:		Date: