



**SUPERVISED ALTERNATIVE LEARNING (SAL)  
APPLICATION – PARENT/GUARDIAN REQUEST**

**SAL APPLICATION – PART 1  
Section A: Student Data**

**RETAIN ORIGINAL IN O.S.R.**

STUDENT: IEP:  YES  NO  
SCHOOL: PRINCIPAL:  
PARENT/GUARDIAN: HOME PHONE: CELL:  
EMAIL ADDRESS:  
911 ADDRESS:  
PRESENT GRADE OR YEAR: DATE OF BIRTH: O.E.N.:

I would like to make application for my child to be excused from full-time school attendance in accordance with Ontario Regulation 374/10 of the Education Act which pertains to Supervised Alternative Learning.

**Proposed Activities:**

- Credit Course(s)  Employment  Non-credit courses (e.g. life skills)
- Certification and training  Counselling  Volunteer opportunity
- Other

Reason for Application:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When complete, all sections (Part 1, Part 2 (2 pages), and Part 3A or Part 3B or Part 3C) of this application must be submitted to:

**Principal,  
Attendance Counsellor  
St. Clair Catholic District School Board**

**Please Note:**

School staff will be informed of a date, time, and place for a meeting regarding this application. School staff will be asked to inform parents. The SAL placement cannot commence until the SAL Committee has approved the application.



## SUPERVISED ALTERNATIVE LEARNING (SAL) APPLICATION – SCHOOL INFORMATION

### SAL APPLICATION – PART 2

RETAIN ORIGINAL IN O.S.R.

STUDENT:

IEP:  YES  NO

DATE OF BIRTH:

IPRC:  YES  NO

SCHOOL:

GRADE:

Last elementary school attended:

Academic performance in elementary:

Number of credits completed:

Current subjects and standing:

Standardized test results (*if available*):

Current attendance:

Previous year's attendance:

Health factors (*if applicable*):

Motivation to succeed in school:

Student's attitude towards school:

Steps taken by parent and school to keep this student in school:

Attitude of student toward the SAL proposal:



**SUPERVISED ALTERNATIVE LEARNING (SAL)  
APPLICATION – SCHOOL INFORMATION**

Other agencies known to be involved with this student:

Other relevant data:

Outline the plan for school supervision of the SAL program:

Staff Supervisor: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_