

ARCHBISHOP ROMERO C.S.S.

75 Watline Ave. Unit 101, Mississauga, ON L5L 3R8
 ☎ Tel: 905-361-0248 ☎ Fax: 905-361-0621



Sharon Goodland, Principal ext. 223

Marianne Mazzorato, Superintendent

Please select (✓) campus:

| | |
|--|---|
| Brampton Campus Academic Program 150 Central Park Drive, Unit 113, Brampton, ON L6T 2T9 | Mississauga Campus Academic Program 165 Dundas Street West, Suite 301 Mississauga, ON L5B 2N6 |
| Brampton Co-op 28 Main Street North, Suite 200, Brampton, ON L6V 1N6 | Mississauga Co-op 165 Dundas Street West, Suite 301 Mississauga, ON L5B 2N6 |
| ABLE (Adventure Based Learning Experience) Silvercreek Outdoor Education Centre | Service Leadership 165 Dundas Street West, Suite 301 Mississauga, ON L5B 2N6 |
| Dual Credit Sheridan College Davis Campus, 7899 McLaughlin Rd. Brampton, ON L6V 1G9 | Dual Credit Sheridan College Pre-Trades <input type="checkbox"/> Electrical <input type="checkbox"/> Machining <input type="checkbox"/> COTT (Trades Exploration) |
| Adolescent PLAR (missing grade 9/10 credits, out of school for a year; in 18 th year) | |

Note: Student to complete Part A and School to complete Part B

PART A

REQUEST FOR ADMISSION *(Please print clearly)*

| | | | | | | | |
|--|--|---------------|--------------------|------------------|-------------------------------|-------------------------------|---------------------------------|
| Referring School: | | | | | School Contact Person: | | |
| Student's Name: | | | | | | | |
| | Last Name | | Middle Name | | First Name | | |
| Date of Birth: | / | / | Age: | | Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | dd | mm | year | | | | |
| Address: | | | | | | | |
| | No. | Street | Apt/Unit | City | Postal Code | | |
| Telephone: | Home: () | | | Cell: () | | | |
| | <i>(You will be able to contact me at this phone number)</i> | | | | | | |
| What are your reasons for applying to this program? | | | | | | | |
| What are your goals, both academic and personal? | | | | | | | |

Parent/Guardian 1

| | | | | | | | |
|------------------------------|---|--|--|--|-------------|--|--|
| Parent/Guardian Name: | <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr | | First | | Last | | |
| Home Telephone: | () | | <input type="checkbox"/> Same as above | | | | |
| Work Telephone : | () | | Extension: | | | | |
| Cell Phone Number : | () | | Other: | | | | |

Parent/Guardian 2

| | | | | | | | |
|--|---|--|--|--|-------------|--|--|
| Parent/Guardian Name: | <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr | | First | | Last | | |
| Home Telephone: <i>If different from above</i> | () | | <input type="checkbox"/> Same as above | | | | |
| Work Telephone: | () | | Extension: | | | | |

An **Emergency contact** is someone other than a parent/guardian, who has a contact number other than any listed above

| | | | |
|---------------------------------|---|-------------------|--|
| Emergency Contact Name: | <input type="checkbox"/> Ms <input type="checkbox"/> Miss | | |
| | <input type="checkbox"/> Mrs <input type="checkbox"/> Mr | | |
| | First | Last | |
| Relationship to Student: | | | |
| Home Telephone: | () | | |
| Work Telephone: | () | Extension: | |

PART B

GUIDANCE/ADMIN REPORT

Reason for Referral

Please ensure **ALL** of the items are included by ✓ off **BEFORE** submitting the application package.

- Office Index Card
- Credit Counselling Summary
- Academic plan for graduation and post secondary goals developed with Guidance
- Attendance Profile
- Copy of IEP if exceptional (please indicate) Y N
- Suspension(s) history report from trillium for last academic year Y N
- Violent Incident Report(s) Y N
- Psychology - OSR Review and Recommendations
- Social Worker – Summary and Recommendations

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1990, c.E.2., as amended, and will be used for planning and administering appropriate educational programs, services and resources. Questions about collection may be directed to the Principal of the School or the FOI CoOrdinator at the Catholic Education Centre, 40 Matheson Blvd. West, Mississauga, Ontario L5R 1C5. (Tel.No. 905-890-1221 or 1-800-387-9501).

| | | | |
|----------------------------------|---|--------------|-----|
| Student Signature: | | Date: | / / |
| Parent/Guardian Signature | <i>(unless student over 18 years old, or 16/17 years old and withdrawn from parental control)</i> | Date: | / / |

Please indicate the intervention supports provided for the student/family and provide relevant reports

- Psychology - OSR Review and Recommendation (*must be completed for application process)
- Guidance Academic Plan (developed with the student and the parent/guardian)

| | Contact Name: | Recommendations |
|---|---------------|-----------------|
| <input type="checkbox"/> SST | | |
| <input type="checkbox"/> CYW | | |
| <input type="checkbox"/> Social Worker | | |
| <input type="checkbox"/> AcademicResource | | |

- Participation in Alternative Education Programs at home school

Details: _____

- Modified Schedule

Details: _____

Please use the following scale in completing the chart

5 – Always exhibits this trait 4- Constantly exhibits this trait 3 – Frequently exhibits this trait
 2- Occasionally exhibits this trait 1- Rarely exhibits this trait 0- No basis for observation

| | 5 | 4 | 3 | 2 | 1 | 0 | | 5 | 4 | 3 | 2 | 1 | 0 |
|-----------------------------|---|---|---|---|---|---|------------------------------|---|---|---|---|---|---|
| Academic Initiative | | | | | | | Politeness / Respectful | | | | | | |
| Organizational Skills | | | | | | | Concern for others | | | | | | |
| Self-Discipline | | | | | | | Emotional Stability | | | | | | |
| Works well in group setting | | | | | | | Leadership | | | | | | |
| Study Habits | | | | | | | Integrity | | | | | | |
| Works Independently | | | | | | | Meets deadlines | | | | | | |
| Daily Preparation | | | | | | | Interacts well with teachers | | | | | | |
| Class Participation | | | | | | | Interacts well with peers | | | | | | |

| | | | |
|---|----------------------------|--------------|--------------|
| Referring School Administrator: (Signature ensures review and support of application) | _____ Print Name | Date: | / / |
| | _____ Signature | | dd / mm / yy |
| Program Considerations: | _____ _____ | | |

Because students are admitted on a first-come first-considered basis, complete application package may be faxed and originals may follow by courier. Please note: only complete application packages will be processed.

FAX TO: (905) 361-0621

