



ARCHBISHOP ROMERO C.S.S.

2495 Credit Valley Road, Mississauga, ON L5M 4G8
 ☎ Tel: 905-412-1000 ☎ Fax: 905-828-5847

Sharon Goodland, Principal

Sheila McWatters, Superintendent

Please select (✓) campus:

Brampton Campus Academic Program 150 Central Park Drive, Unit 113, Brampton, ON L6T 2T9	Mississauga Campus Academic Program 2495 Credit Valley Road, Mississauga, ON L5M 4G8
Brampton Co-op 28 Main Street North, Suite 200, Brampton, ON L6V 1N6	Mississauga Co-op 2495 Credit Valley Road, Mississauga, ON L5M 4G8
P.A.C.E.- Teen Parents Program -- Mississauga 75 Watline Ave., Suite 101, Mississauga ON L5L 3R8	H.E.L.P. - Service Leadership 2495 Credit Valley Road, Mississauga, ON L5M 4G8
P.A.C.E.- Teen Parents Program -- Brampton 28 Main Street North, Suite 200, Brampton, ON L6V 1N6	Adolescent PLAR (missing grade 9/10 credits, out of school for a year; in 18 th year). Must be requested in addition to another full-time Romero program.
Dual Credit Sheridan College (SWAC) Hazel McCallion Campus 4180 Duke of York Blvd. Mississauga ON L5B 4P5	

***Please note: Only COMPLETE application packages will be processed.**

PART A

REQUEST FOR ADMISSION *(Please print clearly)*

Student's Name:				
	Last Name	First Name	Initial	
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: ()	

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 :	()	Ext:	Cell Phone:

Parent/Guardian 2/Other

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:	()	Ext:	Cell Phone:

What are your reasons for applying to this program?	<hr/> <hr/> <hr/> <hr/> <hr/>
What are your academic and non-academic goals?	<hr/> <hr/> <hr/> <hr/> <hr/>

PART B

GUIDANCE/ADMIN REPORT

Reason for Referral (Must be completed)

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

- Office Index Card
- Credit Counselling Summary
- Attendance Profile
- Copy of IEP if exceptional N/A
- Suspension(s) history report from Trillium N/A
- Current Violent Incident Report(s) N/A
- Psychology - OSR Review and Recommendations
- Support Team Report (Guidance, SST, ARD, CYW, SW) completed in Part C:

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:	/ /

PART C

SCHOOL TEAM REVIEW

PLEASE INDICATE THE INTERVENTION SUPPORTS PROVIDED FOR THE STUDENT/FAMILY BY THE HOME SCHOOL. IF THERE WERE NO SUPPORTS, PLEASE EXPLAIN. If you need more space please attach report.

	Contact Name:	Current or Previous Support Offered
<input type="checkbox"/> Guidance		
<input type="checkbox"/> SST		
<input type="checkbox"/> CYW		
<input type="checkbox"/> Social Worker		
<input type="checkbox"/> Academic Resource		
<input type="checkbox"/> Psychology		

Students are considered on a first-come, first-served, basis. Completed application packages may be either faxed or sent by courier.



FAX TO: (905) 828-5847

Referring School: <hr/> Referring School Administrator: (Signature ensures review and support of application)	<hr/> Print Name	Date:	/ /
	<hr/> Signature		dd / mm / yy

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