

# STUDENT APPLICATION FORM

Name:			Student Number:
Date of Birth:	Age:	Parent/Guardian Name:	
Home Phone:	Personal Phone:	E-mail:	
Home Address:	Mailing Address:		
Community reference:			

*Each question in this section must be answered fully.*

Why are you interested in applying to the O<sub>2</sub> Program?

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What issues or obstacles are creating difficulties for you in the present school setting? What issues or obstacles may be creating difficulties for you outside of school?

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What subjects in school appeal to you most? Why?

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What subjects in school are you successful in?

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What subjects in school do you not enjoy? Why?

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What subjects in school do you find difficult? Why?

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How would you describe the effort that you put into your school work?

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Place a check mark beside the response that best describes your efforts.

- I always give my best effort.     I only give my best on certain occasions.     I rarely give a good effort to my courses.

Describe a situation where you really tried to do your best.

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Make a general statement about your learning style.

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Place a check mark beside all responses that describe how you learn well.

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|--|---|
| <input type="checkbox"/> Reading                         | <input type="checkbox"/> Listening              |
| <input type="checkbox"/> Practicing and performing       | <input type="checkbox"/> Observation (watching) |
| <input type="checkbox"/> Memorizing                      | <input type="checkbox"/> Creating               |
| <input type="checkbox"/> Interactive (hands on)          | <input type="checkbox"/> Using technology       |
| <input type="checkbox"/> Experientially (work placement) | <input type="checkbox"/> Writing                |
| <input type="checkbox"/> Teamwork approach               | <input type="checkbox"/> Working alone          |

Have you repeated any grades in school?     Yes     No

If yes, which grades? \_\_\_\_\_

What are your hobbies and interests outside of school?

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What extra-curricular activities are you involved in or wish to become involved in?

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How do you spend your free time?

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Are you a responsible person?  Yes  No

Explain:

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Are you a punctual person?  Yes  No

Explain:

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What are your educational goals?

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What are your long-term career goals?

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Are you presently working part-time?  Yes  No

If so, where? \_\_\_\_\_

Are you willing to make a commitment to, keeping excellent attendance, working hard, and following O<sub>2</sub> program expectations? This includes participation in *all* components of the program including academics, school trips, work placements, and other related activities?

Yes  No

**To be completed by family:**

What are your goals for your child?

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How do you think this program can better meet your child's learning needs and help improve his/her school achievement?

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What are your expectations of this program?

The O<sub>2</sub> Program requires the involvement of families, students, school, and community working in partnership so that students graduate and continue to further their education or follow employment opportunities. This will include a community-based learning component. The school will require your full support for your student to achieve program goals. How do you see yourself in a supporting role for your student?

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

The process for admission to the Options and Opportunities Program:

1. Student and parents/guardians complete the application
2. Student and parents/guardians attend all interview/planning sessions
3. Letter of acceptance and Learning Agreement to be sent.
4. Student and parents/guardians attend all necessary meetings during the school year