

Limestone District School Board



APPLICATION FORM

Applicants please note: The Focus Program teacher will confirm your acceptance into the program.

PERSONAL INFORMATION:
NAME: Surname Given Names Known as Sex M / F
ADDRESS: Number Street Apt. # Birthday (YR/MM/DD)
City / Town Postal Code
Home Telephone # email address:

APPLICATION INFORMATION:
Home School is defined as the school where the student originates from and the OSR currently resides.
Host School is defined as the school which offers the Focus Program.
Current Home School: Student ID #: OEN#:
Credit Counseling Summary Attached
Does the student have assessed learning needs indicated by an IEP?
Will the student benefit from additional program supports?
Is the applicant a VISA student?
The student will indicate course plans for both semesters:
SEMESTER 1 Focus Program Selection: Host School:
SEMESTER 2 Focus Program Selection: Host School:
If Focus Program is only 3 credits, please indicate other course requests, in order of preference.
Expanded Opportunities (please check to indicate the student is aware of the following)
Additional OYAP consultation / EOIS application will be required to become a registered apprentice:
Additional Dual Credit consultation/ application is required in addition to the Focus application:
Additional SHSM components will need to be completed to earn the Specialist Diploma:

TRANSPORTATION: TRANSPORTATION IS NOT GUARANTEED TO ALL FOCUS PROGRAMS.
If transportation is required, please attach a completed Tri-Board Transportation Application Form.
Host School: Please fax to Tri Board Transportation 613 354-1279 c/o Velma Storms
Focus Program Transportation Application Attached

FAMILY INFORMATION:I live with: Both Parents Mother only Father only Guardian

Other: _____

Mr.	Relationship to student:	Home phone Cell Phone Business phone
Mrs. /Ms./ Miss	Relationship to student:	Home phone Cell Phone Business phone
Other	Relationship to student:	Home phone Cell Phone Business Phone

Will you be applying for daycare? (where available in your school) YES NO

Parent / Guardian Information:

HEALTH INFORMATION:Emergency Contact: _____ Phone: _____
(Other than parents)

Doctor: _____ Phone _____ Health Card #: _____

Medic Alert or health information the school should be aware of:

REQUIRED SIGNATURES:**Student Signature:** _____ **Date:** _____**Parent / Guardian Signature:** _____ (required if student is under 18 years of age)**FOR HOME SCHOOL USE ONLY**The student's course selection has been discussed with their guidance counselor: YES NOThe student is a potential graduate Feb. 2015 YES June 2015 YES

Guidance Counselor Home School signature: _____

FOR HOST OFFICE USE ONLY

Entry Date: _____ OSR Requested Date: _____

Reg. Form Entered: _____ Date: _____ IEP Transfer Request Date: _____

Bus Form Sent Date: _____