

GOLDEN ALTERNATE SCHOOL
902 9TH Street South, Box 1350, Golden, BC V0A 1H0
250-344-2201, ext. 3911

APPLICATION FORM

PARENT to COMPLETE PARTS I & II:

PART I – DEMOGRAPHICS

Student Name: _____

Last school attended _____ from _____ to _____

**** I support my child's application to Golden Alternate School**

Parent Name: _____

Parent Signature: _____

PLEASE PRINT

PART II – PARENT INPUT

I think my child is a good fit for the Alternate School because _____

Something the Alternate School doesn't already know about my child is _____

STUDENT to COMPLETE:

PART III – REASON FOR APPLYING

Reasons why the Golden Alternate School would be a better choice for you: (Please check all that apply)

I struggle with my attendance

I have conflict with others

I need a flexible schedule

I am struggling with things outside of school

I am behind in my courses/school work

I prefer working with only a few teachers

I prefer more one-on-one time

I prefer a smaller school setting

I struggle with learning

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STUDENT to COMPLETE:

PART IV– MENTAL HEALTH

Have you experienced any of the following? (Please check all that apply)

Anxiety

Depression

Stress

Angry outbursts

Long term or serious illness (Please specify) _____

STUDENT to COMPLETE:

PART V – COMMUNITY CONNECTIONS (Note: The answers to these questions will be kept confidential.)

Have you had contact with any of the following agencies?

Mental Health Name of Worker: _____ Reason: _____

Probation Name of Worker: _____ Reason: _____

MCFD Name of Worker: _____ Reason: _____

Drug & Alcohol Name of Worker: _____ Reason: _____

Family Centre Name of Worker: _____ Reason: _____

R.C.M.P. Name of Worker: _____ Reason: _____

Women's Centre Name of Worker: _____ Reason: _____

Other: Name of Worker: _____ Reason: _____

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STUDENT to ask 2 teachers to complete this section:

PART VII – TEACHER RECOMMENDATION

TEACHER INPUT: I would recommend this student to the Golden Alternate School for the following reasons:

This student has completed the following in _____
HOW MUCH/WHICH COURSE(S)?

Teacher Name: _____

TEACHER INPUT: I would recommend this student to the Golden Alternate School for the following reasons:

This student has completed the following in _____
HOW MUCH/WHICH COURSE(S)?

Teacher Name: _____

STUDENT to COMPLETE:

PART VIII – AGREEMENT (CONTRACT OF ACCEPTANCE)

I agree that in order for my application to be considered by the screening committee, I agree to complete

I also agree to attend _____

Student Signature: _____

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PART IX – SCHOOL USE ONLY

Sift & Sort Team Notes: _____

GAS Screening Committee Notes: _____

Revised June 7, 2019

<p>SCREENING COMMITTEE: (OFFICE USE ONLY) ___ Approved ___ Not Approved INTAKE: ___ September ___ January ___ June</p>
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