

APPLICATION FOR ADMISSION: SECONDARY PROGRAM

Application Date:	Which program is your son/daughter applying to? <i>Please note that there is always opportunity to change pathways.</i>
Application for admission to: <input type="checkbox"/> the current year: 20____ <input type="checkbox"/> September, 20____	<input type="checkbox"/> Credit: Ontario Secondary School Certificate (OSSC:14 credits) <i>Generally should be at least a grade 6 level in academics</i> <input type="checkbox"/> Pre-Credit: Modified academic program to prepare students to prepare for possible entry into a credit program; or Remedial academics to improve basic literacy and numeracy before entering Adult Transition program <input type="checkbox"/> Alternative Non-Credit Program: For adolescents who wish to prepare for future employment and independent living.

STUDENT INFORMATION

Name:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female	
Age:	Date of Birth (dd/mm/yyyy):	
Citizenship:	Place of Birth: City:	Country:
Home Address:		

FAMILY INFORMATION

Mother's Name:		
Mother's Address: <input type="checkbox"/> same as son/daughter, or:		
Mother's Occupation:	Place of Work:	
Home Phone:	Business Phone:	Cell Phone:
Mother's Email:		
Father's Name:		
Father's Address: <input type="checkbox"/> same as son/daughter, or:		
Father's Occupation:	Place of Work:	
Home Phone:	Business Phone:	Cell Phone:
Father's Email:		
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased		
Student lives with: <input type="checkbox"/> Both parents, same household <input type="checkbox"/> Both parents, different households <input type="checkbox"/> Mother only <input type="checkbox"/> Father only		
Check if Applicable: <input type="checkbox"/> Joint custody <input type="checkbox"/> Sole custody mother <input type="checkbox"/> Sole custody father		
Preferred or family email address for correspondence:		

PARENT QUESTIONNAIRE: STUDENT LEARNING PROFILE

What is your son/daughter's learning disability diagnosis?

Please describe your son/daughter's main learning issues/areas of difficulty:

Please describe your son/daughter's strengths, abilities and talents:

What are your immediate (short-term) goals for your son or daughter? (i.e.: improvement in literacy, numeracy, self-management, social skills...)

What are your long-term goals for your son or daughter? (i.e.: employment, living arrangements, socialization, recreation & leisure...)

Has your son/daughter displayed behaviour problems in school or at home? Please describe.

PARENT QUESTIONNAIRE: PLEASE COMMENT ON YOUR SON/DAUGHTER'S ABILITIES OR NEEDS IN EACH OF THESE AREAS:	
<i>Communication Skills</i>	<i>Organizational Skills</i>
<i>Attention Span</i>	<i>Class Participation</i>
<i>Independent Work Skills</i>	<i>Teamwork</i>
<i>Homework Completion</i>	<i>Motivation to Learn</i>
<i>Social Skills</i>	<i>Relations with Peers / Friends</i>
<i>Relations with Adults / Teachers</i>	<i>Conduct</i>

Please list the approximate grade level that your son/daughter has successfully completed, or their current working level for each skill area:		
Subject	Grade level	Comments
Reading – Decoding		
Reading - Comprehension		
Writing/Output skills		
Math		

SCHOOL HISTORY			
Current School:			
Current School Address:			
Principal's Name:		School Phone Number:	
PLEASE LIST PREVIOUS SCHOOLS ATTENDED:	School Phone Number:	Years	Grades

HEALTH PROFILE
Does your son/daughter have any physical challenges that would preclude them from participating in school activities? Please describe:
Does your son/daughter have any allergies? Please describe:

SUPPLEMENTARY INFORMATION
<i>The Admissions Team will consider the suitability of our program for your son/daughter's unique requirements and whether an appropriate class and learning group is available for the applicant. To assist with this process, please include the following documents with your application if available:</i>
<ol style="list-style-type: none"> 1. Most recent Report Card and/or Progress Report. 2. Most recent IEP (Individual Education Plan). 3. Most recent evaluations, assessments or reports from psychologists/psychiatrists, speech and language pathologists, Occupational therapists, educational consultants, etc. 4. Recent samples of your son/daughter's work that represent his or her abilities in math, reading, writing or other subjects.

<p>Thank you for your Application. All information will be kept confidential.</p> <p>Please return both this form and supplementary information with the \$150 Application Fee to:</p> <p>Brighton School Admissions 240 The Donway West, Toronto, Ontario, M3B 2V8</p>	<p>There are four steps in the Admissions Process:</p> <ol style="list-style-type: none"> 1. Parent meeting with the Principal and/or Director, Admissions 2. Application Submission 3. Student Assessment & Interview - approximately one and a half hours 4. Class visit - usually half or full day <p>You will be contacted to set up these meetings as soon as possible. We will inform parents of acceptance as soon as possible following the assessment/class visit.</p>
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STUDENT QUESTIONNAIRE

Student Name: _____ Date: _____

Which school subjects do (did) you enjoy the most? Explain

Which subjects do (did) you find the most difficult?

What helps you to be successful at school?

What do you do for fun, in your spare time?

What extra-curricular activities, teams etc. are you involved in? Please explain

What are your goals for the future? Do you have a career path, or an area of interest in mind?

Student Signature: _____