



**MONSIGNOR FRASER COLLEGE
SCHOOL REFERRAL FORM**



Alternative Programs for Student Success

Referral Form to be completed by applicant's current Guidance Counsellor and Administrator, and forwarded to appropriate campus. Once reviewed the student will be contacted to schedule a registration appointment.

APPLICANT INFORMATION	CURRENT SCHOOL INFORMATION
Date: _____	School: _____
Last Name: _____	School Board: _____
Given Names: _____	Administrator: _____
D.O.B. _____ Age: _____	Phone #: _____
OEN #: _____	Fax #: _____
Home #: _____ Cell #: _____	
E-mail Address (parent if student is under 18): _____	

Please attach the following documents to support the processing of this application:

<input type="checkbox"/> Credit Counselling Summary	<input type="checkbox"/> IEP (if applicable)	<input type="checkbox"/> Index Card	<input type="checkbox"/> Transcript (for students from private school)
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1. How many credits does the student have to date? _____

2. Does the student have an IEP? YES NO

If YES, what is the student's identification and supports received?

3. Has the student ever attended a Section Program? YES NO

Please elaborate: _____

4. What interventions have been implemented to date?

- Social Work Involvement
- Guidance/Special Education

5. Please rate this student in regards to the following:

	STRENGTH	NEED	N/A
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If this student has received services from outside agencies:

Agency/Institution	Contact	Telephone Number
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7. Has the student ever been...

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| ...suspended? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ...part of a "Fresh Start" process? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ...expelled? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you answered yes to any of the questions in #7, Administration from sending school must contact Monsignor Fraser administrator (VP) at the appropriate location for an Exchange of Information. (contact information is located at the end of the document)

Administrator name _____

Administrator signature _____

8. Please use the space below to provide any additional relevant information about the student.

Name of Student	Signature	Date
Name of Parent/Guardian (if under 18)	Signature	Date
Name of Administrator/Guidance Counsellor	Signature	Date
PLEASE REMEMBER TO ATTACH SUPPORTING DOCUMENTS WITH SCHOOL REFERRAL		

Monsignor Fraser College - Campus Contact Information			
ANNEX Ages 16 - 18 (Bathurst/ Bloor) t: 416-393-5557 f: 416-397-6166 VP Michael Schmidt	ISABELLA Ages 16 - 20, 21+ (Sherbourne/ Bloor) t: 416-393-5533 f: 416-393-5912 VP Michael Schmidt	MIDLAND Ages 16 - 20, 21+ (Midland/ Finch) t: 416-393-5532 f: 416-397-6309 VP Claudia Escobar	NORFINCH Ages 16 - 20 (Hwy. 400 /Finch) t: 416-393-5558 f: 416-393-5542 VP Michael Alexander