

STUDENT BCeSIS Number: \_\_\_\_\_

*For Office Use Only*

# MINI SCHOOL

## at Alpha Secondary

# GRADE 8 APPLICATION FORM

### STUDENT INFORMATION

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M ☐ F ☐  
(Y/M/D)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Custody: \_\_\_\_\_ Student lives with: \_\_\_\_\_ Court Order: Yes ☐ No ☐ (If yes, attach legal doc)

Mother's/Guardian Name: \_\_\_\_\_ Father's/Guardian Name: \_\_\_\_\_

Address of Parent (if different from Student): \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's E-mail: \_\_\_\_\_

Current School: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

Principal: \_\_\_\_\_

Is this student currently enrolled in a Burnaby MAC Class? Yes ☐ No ☐Does this student have a Psycho-Educational assessment? Yes ☐ No ☐ (If yes, please attached a copy)Is this student currently on an IEP? Yes ☐ No ☐ (If yes, please attached a copy)

Do you have a sibling that attends Alpha Secondary? If yes, please give their name(s): \_\_\_\_\_

First Nations Ancestry: Yes ☐ No ☐ If yes, please circle one: Inuit/ Metis/ Non-Status/ Status-Off Reserve/ Status-On Reserve

Country of Birth: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_

Primary language spoken at home: English Other \_\_\_\_\_

All students in the program will be timetabled into the following compulsory subjects as a cohort and then integrated into 2 elective classes as indicated below:

**COMPULSORY SUBJECTS:**

ENGLISH (cohort)      MATH (cohort)      SOCIAL STUDIES (cohort)      SCIENCE (cohort)

APPLIED SKILLS (non-cohort)      FRENCH (non-cohort)      PHYSICAL EDUCATION (non-cohort)

**ELECTIVES:**

Please **choose one** of the four elective options **by marking an X** next to your choice. If you are selecting band, please choose whether your child will be in beginner band (no experience), or intermediate band.

VISUAL ART \_\_\_\_      DRAMA \_\_\_\_      BAND (Beginner) \_\_\_\_      BAND (Intermediate) \_\_\_\_

**Parent Consent for Assessment**

☐ My child currently attends a MAC Class and has previously completed a cognitive screening assessment.

As part of the Alpha Mini-School application process, students who have not already completed a cognitive screening test will be required to complete one. The goal of the assessment is to provide insights into the students' learned reasoning abilities. The assessment will help guide student placement decisions in the Alpha Mini School program. Results of the assessments will be placed in the student's school file.

☐ **AGREE**

I, \_\_\_\_\_,  
(Parent/Guardian)  
have read the information above and **consent**  
for my child,

\_\_\_\_\_,  
(Student)  
to take part in:

☐ the cognitive screening assessment

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

Please return this **Application Form** to the Burnaby School Board Office no later than **January 16th** to ensure that your child will have a confirmed testing time.

**FOR OFFICE USE ONLY**

Placement Offered in program at Mini School at Alpha Secondary School.

Accepted: \_\_\_\_\_ Declined: \_\_\_\_\_ Waiting List: \_\_\_\_\_