

Student Application Form

This form reflects the Options and Opportunities and Community-Based Learning policies and may not be altered.

Name: _____ Student Number: _____

Date of Birth: _____ Age: _____ Parent/Guardian Name: _____

Home Phone: _____ Personal Phone: _____ Email: _____

Home Address: _____ Mailing Address: (Same as Home Address)

Community Reference: _____

(Each question in this section must be answered fully.)

1. Why are you interested in applying to the O₂ program?

2. What issues or obstacles are creating difficulties for you in the present school setting? What issues or obstacles may be creating difficulties for you outside of school?

3. What subjects in school appeal to you most? Why?

4. What subjects in school are you successful in?

5. What subjects in school do you not enjoy? Why?

6. What subjects in school do you find difficult? Why?

7. How would you describe the effort that you put into your school work?

(Place a check mark beside the response that best describes your efforts.)

I always give my best effort.

I only give my best on certain occasions.

I rarely give a good effort to my courses.

8. Describe a situation where you really tried to do your best.

9. Make a general statement about your learning style.

Place a check mark beside all responses that describe how you learn well.

- | | |
|--|---|
| <input type="checkbox"/> reading | <input type="checkbox"/> listening |
| <input type="checkbox"/> practising and performing | <input type="checkbox"/> observation (watching) |
| <input type="checkbox"/> memorizing | <input type="checkbox"/> creating |
| <input type="checkbox"/> interactive (hands-on) | <input type="checkbox"/> using technology |
| <input type="checkbox"/> experientially (work placement) | <input type="checkbox"/> writing |
| <input type="checkbox"/> teamwork approach | <input type="checkbox"/> working alone |

10. Have you repeated any grades in school? Yes No

If yes, which grades? _____

11. a. What are your hobbies and interests outside of school?

b. What extracurricular activities are you involved in or wish to become involved in?

c. How do you spend your free time?

12. a. Are you a responsible person? Yes No

Explain:

b. Are you a punctual person? Yes No

Explain:

13. a. What are your educational goals?

b. What are your long-term career goals?

14. Are you now working part-time? Yes No

If so, where? _____

15. Are you willing to make a commitment to keeping excellent attendance, working hard, and following O₂ program expectations? This includes participation in all components of the program including academics, school trips, work placements, and other related activities?

Yes No

To be completed by family:

1. What are your goals for your child?

2. How do you think this program can better meet your child's learning needs and help improve his or her school achievement?

3. What are your expectations of this program?

4. The O₂ program requires the involvement of families, students, school, and community working in partnership so that students graduate and continue to further their education or follow employment opportunities. This will include a community-based learning component. The school will require your full support for your child to achieve program goals. How do you see yourself in a supporting role for your child?

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

O₂ Administration Process

1. Student and parents/guardians complete the application.
2. Student and parents/guardians attend all interview and planning sessions.
3. Letter of Acceptance and Learning Agreement is returned to school.
4. Student and parents/guardians attend all necessary meetings during the school year.

This form is available in PDF at www.EDnet.ns.ca/O2/Teachers.