ASD-W
Anglophone School District West

POLICY NO. ASD-W-321-1A
Effective August 2017

Admittance to Public School: Post-Graduates and Individuals of School Age
Appendix A

APPLICATION FOR RETURNING GRADUATES TO ANGLOPHONE WEST SCHOOL DISTRICT

Name of Student:			
Address:			
Student ID Number:		**Date of Birth:**	
Phone Number:		**Year of Graduation:**	
Reason(s) for returning: (Be specific)			
Post-Secondary / Career Goal:			

		Repeating Course		
	Courses Requested	**Yes**	**Mark**	**No**
1.				
2.				
3.				
4.				
5.				

Agreement

Student Performance:

I understand that my return to school/classes requires me to:

a. Attend regularly
b. Maintain acceptable academic standards
c. Be of good/expected behavior, be respectful

All placements are subject to seat/space availability. Priority will be given to students who have not graduated.

Signature of **Student**:		Date:	
Signature of **Guidance**:		Date:	
Signature of **Administrator**:		Date:	