



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:

☐ Graduation Summary	☐ IEP (if applicable)	☐ Index Card	☐ Transcript (for students from private school)
---	--	-------------------------------------	--

- How many credits does the student have to date? _____
- Does the student have an IEP? ☐ YES ☐ NO
If YES, what is the student's identification and supports received?

- Has the student ever attended a ECPP (Education Community Partnership Program)? ☐ YES ☐ NO
Please elaborate: _____
- What interventions have been implemented to date?
 - ☐ Social Work Involvement
 - ☐ Guidance/Special Education
 - ☐ Child and Youth Worker
- If the student has had Social Work Involvement, has the school social worker had an exchange of information with the receiving school Social Worker?
 - ☐ Yes
 - ☐ No
- Please confirm if this student has received services from outside agencies:

Agency/Institution	Contact	Telephone Number
_____	_____	_____
_____	_____	_____

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

	STRENGTH	NEED	N/A
Mental Health	☐	☐	☐
Attendance	☐	☐	☐
Punctuality	☐	☐	☐
Attitude towards school	☐	☐	☐
Achievement	☐	☐	☐
Perseverance	☐	☐	☐
Interactions with peers	☐	☐	☐
Interactions with staff	☐	☐	☐
Acceptance of constructive feedback	☐	☐	☐

7. Has the student ever been...

...suspended? ☐ YES ☐ NO
 ...part of a "Fresh Start" process? ☐ YES ☐ NO
 ...expelled? ☐ YES ☐ 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. Also indicate if you think the student would benefit from a Full Quadmester, Full Semester or Blended Quadmester-Semester model.

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 (All Campuses have Quadmester, Semester or Blended Program Options)

<u>ANNEX</u> Ages 16 - 20 (Bathurst/ Bloor) t: 416-393-5557 f: 416-397-6166 VP Katharine Gainor-Sanjko	<u>ISABELLA</u> Ages 16 - 20, 21+ (Sherbourne/ Bloor) t: 416-393-5533 f: 416-393-5912 VP Katharine Gainor-Sanjko	<u>MIDLAND</u> Ages 16 - 20, 21+ (Midland/ Finch) t: 416-393-5532 f: 416-397-6309 VP Anna Sersanti	<u>NORFINCH</u> Ages 16 - 20 (Hwy. 400 /Finch) t: 416-393-5558 f: 416-393-5542 VP Pedro Rodrigues
--	--	--	---