CHECKLIST FOR RETURNING GRADE 12 STUDENTS

Student Name: _____ **# of Credits earned as of graduation** _____

Reason for Return (check all that apply):

☐ ESL student   Arrival date to SP: _____   Country/language of origin: _____

☐ IEP/IPRC student on a 5-year plan   Probable exit date: _____

☐ Student with special needs remaining at SP until age 21   Probable exit date: _____

☐ Unsure about future destination

☐ To upgrade mark(s)

              *Please list course(s) and original mark(s): _____

☐ To complete credit(s) needed to earn OSSD

              * Please list required course(s): _____

☐ To complete post-secondary prerequisite(s)

              * Please list course(s): _____

☐ Career exploration through Co-op

☐ To complete SHSM requirements

☐ Financial concerns

☐ Other _____

CHOOSE ONE:

☐ Sem 1 only   ☐ Sem 2 only   ☐ Both semesters

Desired courses: _____

Destination (please check one) and indicate Program if known:

☐ Apprenticeship
☐ College
☐ University
☐ Workplace
☐ Other _____

Additional Notes

Guidance Signature: _____   Date:_____

VP Signature: _____   Date:_____

Activity Fee Collected: _____   Reactivated by K. Sorrell : _____