

ROBERT F. HALL CATHOLIC SECONDARY SCHOOL

SPECIALIST HIGH SKILLS MAJOR

STUDENT APPLICATION FORM

OFFICE USE ONLY:

Req'd Reports: ☐ IEP
☐ CREDIT COUNSELLING
☐ ATTENDANCE

STUDENT INFORMATION

| | | |
|-------------------------|--|--|
| Student's Name | Student Number | Date of Birth (YY.MM.DD) |
| Address and Postal Code | Home Phone | Cell Phone |
| Email | Male <input type="radio"/> Female <input type="radio"/> | Grade <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 Application Date |

PROGRAM CHOICE

☐ ARTS AND CULTURE

WHICH POST-SECONDARY DESTINATION ARE YOU CONSIDERING

| | | |
|-----------------------|-----------------------------|-----------------------------|
| APPRENTICESHIP | Skilled Trade | |
| WORKPLACE | Career/Job | |
| COLLEGE | College Choice 1 Program | College Choice 2 Program |
| UNIVERSITY | University Choice 1 Program | University Choice 2 Program |

FOR CO-OP PURPOSES

| | | |
|--|--------------|---------------|
| Preference in a specific job, with a specific employer | First Choice | Second Choice |
| Check your preferred Grade for your 2 Credit Coop Component <input type="radio"/> 11 <input type="radio"/> summer <input type="radio"/> 12 | | |

TEACHER REFERENCES

| | |
|---------------------------|----------------------------|
| First Reference Comments | |
| First Reference Name | First Reference Signature |
| Second Reference Comments | |
| Second Reference Name | Second Reference Signature |

APPROVALS

| | | |
|---------------------|-------------------------------|--------------------------------|
| Student's Signature | Parent's/Guardian's Signature | Guidance/SHSM Lead's Signature |
| Date (YY.MM.DD) | Date (YY.MM.DD) | Date (YY.MM.DD) |



ROBERT F. HALL CATHOLIC SECONDARY SCHOOL
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APPLICATION