



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

Nan	ne of Student:				
Add	ress:				
Student ID Number:			Date of Birth:		
Pho	ne Number:		Year of Graduation:		
Reason(s) for returning: (Be specific)					
_					
Dee	t-Socondary / Card				
103	t-Secondary / Care	er Goal:			
103	t-Secondary / Care	er Goal:			
103		er Goal:			
103			Re	peating Cou	rse
		er Goal:	Re Yes	peating Cou Mark	rse No
1.03					
1.					
1.					

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	Date:	
Student:		
Signature of	Date:	
Guidance:	Dale.	
Signature of		
Administrator:	Date:	