



La Salle Secondary School Specialist High Skills Major Health and Wellness

STUDENT INFORMATION

Student's Name:

Student's I.D. Number:

Date of Birth: (MM/DD/YY)

- Female
 Male

Current Grade Level:

- Gr. 10 Gr. 11 Gr. 12

Address & Postal Code:

Home Phone Number:

Parent's Email:

Student's Email:

Current School:

Principal:

REQUIREMENTS

Students will select a bundle of required credits in a ministry-approved framework including:

- 4 major credits (two in gr.11 & two in gr.12) that will provide sector specific knowledge and skills in Health and Wellness (Fitness focus).
- 3 other selected compulsory credits based on the pathway selected by the student (Apprenticeship, College, University, Work)
- 2 co-op credits

Students will also:

- Earn sector recognized certifications. (4 mandatory, 3 elective)
- Engage in experiential learning through cooperative education, job-shadowing and work experience in the Arts.
- Use the Ontario Skills Passport (OSP) to document the demonstration of essential skills and work habits.
- Engage in reach-ahead experiences surveying students "next steps" after high school graduation.

POST SECONDARY DESTINATIONS

Which destination are you currently considering?

- Apprenticeship College University Work

Skilled trade/career/job you are currently considering:



La Salle Secondary School Specialist High Skills Major Health and Wellness

COOPERATIVE EDUCATION		
Preference for a placement in a specific job/career or with a specific employer?	Choice #1:	Choice #2:
Check your preferred grade for your co-op program: <input type="checkbox"/> Gr. 11 <input type="checkbox"/> Gr. 12		
Check your preferred schedule for your co-op program: <input type="checkbox"/> Semester One <input type="checkbox"/> Semester Two		
TEACHER REFERENCES		
1. Teacher Name	Contact Email or Telephone:	Teacher Signature:
2. Teacher Name	Contact Email or Telephone:	Teacher Signature:
APPROVAL		
I hereby agree to the participation of the above-named student in the Health and Wellness SHSM Program at La Salle Secondary School.		
Student's Signature:	Date:	
Parent/Guardian's Signature:	Date:	
PLEASE ATTACH: (see your Guidance Counsellor)		
<input type="checkbox"/> Credit Counseling Summary		
<p>COMPLETED APPLICATIONS MUST BE SUBMITTED TO:</p> <p>Mrs. Pride Guidance Secretary La Salle Secondary School 773 Highway 15 RR#2 kingston, Ontario K7L 5H6</p> <p>APPLICATION DEADLINE: _____</p>		

The information in this application will be used for purposes consistent with the Education Act.



La Salle Secondary School Specialist High Skills Major
Health and Wellness