

**SUPERVISED ALTERNATIVE LEARNING
ONTARIO REGULATION 374/10
APPLICATION FORM: AP 288-01**

Dear Principal:

I hereby make application to have my child _____

excused from attendance at school under Ontario Regulation 374/10 Supervised Alternative Learning and Other Excusals from Attendance at School.

The reasons for making this application are as follows:

As an alternative I suggest the following program for my child:

Signature: _____ Date: _____

Address: _____

Phone: (h) _____
(w) _____

Principal: _____ Date: _____

FORM AP 288-02

JAMES BAY LOWLANDS SECONDARY SCHOOL BOARD

Supervised Alternative Learning

Agreement for Employment Letter

Name of Employer: _____

Name of Company: _____

Address: _____

Telephone: _____

Date: _____

Dear Chair, SAL Committee,

If the Supervised Alternative Learning (SAL) Committee of the James Bay Lowlands Secondary School Board approves, _____ (student name) will be employed by me on a part-time basis. The agreement runs from _____ to _____ (dates). The hours of work will be from _____ to _____ during days when school is in session.

The duties will consist of: (insert duties)

I assure you that _____ (student name) will be covered by Workers Compensation Insurance.

If, for any reason, this Agreement of Employment must be changed prior to the student's eighteenth birthday, I, the Employer, will notify the school monitor in writing at the time of the change.

Sincerely,

_____ (signature of employer)

JAMES BAY LOWLANDS SECONDARY SCHOOL BOARD

Supervised Alternative Learning

Authorization and Conditions of Agreement

The Supervised Alternative Learning (SAL) Committee of the Board hereby authorizes _____ (student name), a pupil registered at Northern Lights Secondary School, to enter into the program as set down in accordance with Ontario Regulation 374/10.

PRESCRIBED PROGRAM: (pupil to insert)

CONDITIONS OF AGREEMENT:

1. The pupil shall conform to the program as prescribed above by the Supervised Alternative Learning (SAL) Committee.
2. The pupil, who is excused from full-time attendance at Northern Lights Secondary School, as determined by the committee, shall be included as a full-time pupil in the enrolment of Northern Lights until determined otherwise by the Committee or until the pupil is no longer of compulsory age (18).
3. The school Guidance Counsellor shall report to the Committee each month regarding the attendance in the program.
4. When the parent/guardian(s) desire to alter the prescribed program for the pupil by the Committee, the parent/guardian(s) must apply in writing to the Secretary of the Committee for approval.

JAMES BAY LOWLANDS SECONDARY SCHOOL BOARD

Supervised Alternative Learning

Authorization and Conditions of Agreement (cont'd)

5. If the child should move to another jurisdiction, permission shall be given to the Committee to transfer relevant information to the appropriate SAL Committee of that Board.

SIGNATURES:

Chair _____

Supervisory Officer _____

SAL Committee _____

Parent/Guardian _____

Pupil _____

Date: _____

AP 288-04

JAMES BAY LOWLANDS SECONDARY SCHOOL BOARD

Supervised Alternative Learning (SAL) Committee Notice of Approval to Parent

(Date)

(Addressee)

Dear (addressee):

This is to advise you of the SAL Committee meeting held last night to review your application on behalf of your (son/daughter), (name). I am pleased to advise you that approval has been given for (name) to participate in a job placement program. His/her placement begins on (day and date) and runs until (day and date). He/she is expected to be at his/her placement from (time) every school day. Because it is a part of his/her school program, he/she will not receive any payment during those hours.

(name) has been told that if he/she does not show up at his/her placement, he/she will be considered truant and the attendance counsellor will look into why he/she is not there. If he/she continues to be truant, he/she will be removed from the SAL program and returned to full-time to his/her regular classroom. Monthly attendance reports will be forwarded to the SAL Committee by the school.

Sincerely Yours,

Chair of the SAL Committee

cc file

AP 288-05

JAMES BAY LOWLANDS SECONDARY SCHOOL BOARD

Supervised Alternative Learning (SAL) Committee Notice of Approval to Employer

(date)

(addressee)

Dear (addressee):

This is to advise you that the SAL Committee of the James Bay Lowlands Secondary School Board has approved the application of (parent's name) on behalf of his/her (son/daughter), (name), to work at your place of business during the hours of 1:00PM and 3:30PM on school days. (student's name) is aware that if (he/she) fails to show up, (he/she) will be classed as truant and the attendance counsellor will be visiting (him/her) to find out why (he/she) has not been at (his/her) placement. We ask that you call the school if the student does not show up. I am including a record sheet for you to fill in to help us keep track of attendance. (student's name) also knows that if (he/she) makes it a habit to not show up at work that (he/she) will be required to come back to Northern Lights Secondary School on a full-time basis.

As mentioned to you earlier, because this part of (student name)'s academic program, (he/she) is not to be paid while (he/she) works for you during school hours. For the protection of our students we must ensure that they are covered by Workman's Compensation Insurance. Should you no longer be covered, I remind you to inform the school immediately so that alternate arrangements can be made. (student's name) is also required to do only the job that has been outlined in the agreement. Duties are to include only those tasks which deal with:

This is to avoid any misunderstanding as to what is required during school hours.

If you have any concerns or questions at any time during this placement, or if you feel that the placement of this student at your business is not working out, please contact the school.

Sincerely,

Case Monitor

AP 288-06

NORTHERN LIGHTS SECONDARY SCHOOL

Supervised Alternative Learning

REPORT TO THE BOARD

MONTH: _____ YEAR: _____

STUDENT	AGE	REASON	PROGRAM	PROGRESS	CONTACTS

PREPARED BY: _____

V.P.: _____

DATE: _____

PAGE ___ of ___