

SAO2

SYDNEY ACADEMY O2 Program Student Application

Student Name: _____ Date of Birth: _____ Student Cell: _____

Parent(s) Name(s): _____ Home phone: _____ Parent Cell: _____

Home address: _____

***Students must complete this section of the application for themselves. No scribing, please. ***

Why are you interested in applying to the O2 Program?

What issues or obstacles are creating difficulties for you in school?

What issues or obstacles are creating difficulties for you outside of school?

What subject do you enjoy the most? Why?

What subject do you find you experience the most success? Why?

What subject do you enjoy the least? Why?

What subject poses the most difficulty to you? Why?

How would you describe the effort that you put into your school work? (Please circle the most appropriate response.)

I always give my best effort

I only give my best effort on certain occasions

I rarely give a good effort

Describe a situation where you really tried to do your best:

Place a check mark beside all responses that describe how you learn well.

- | | |
|---|--|
| <input type="radio"/> Reading | <input type="radio"/> Listening |
| <input type="radio"/> Practising and performing | <input type="radio"/> Observing |
| <input type="radio"/> Memorizing | <input type="radio"/> Creating |
| <input type="radio"/> Hands on | <input type="radio"/> Using Technology |
| <input type="radio"/> Experiential (work placement) | <input type="radio"/> Writing |
| <input type="radio"/> Teamwork approach | <input type="radio"/> Working alone |

Have you repeated any grades in school? If so, which ones?

What are your hobbies and interests outside of school?

What extracurricular activities are you involved in or wish to become involved in?

How do you spend your free time?

Are you a responsible person? Explain.

Are you a punctual person? Explain.

Do you enjoy class trips/bus travel? Explain.

What are your educational and career goals? (What would you like to do or be? Graduate high school, go to NSCC, go to university, etc.)

Are you presently working part-time? If so, where?

Are you willing to make a commitment to keeping excellent attendance, working hard, demonstrating good behaviour and attitude, and following O2 program expectations? This includes participation in all components of the program including academics, school trips, work placements, and other related activities.

YES NO

Is there anything else you feel we should know about you? If so, please elaborate below.

Student signature: _____

Date: _____

PART II – TO BE COMPLETED BY A PARENT OR GUARDIAN

What are your educational goals for your child?

How do you think this program can meet your child's learning needs and help improve his or her school achievement?

What are your hopes for your child in their life?

The O2 Program requires the involvement of families, students, school, and community working in partnership so that the students graduate and continue to further their education or follow employment opportunities. This will include a community-based learning component. The school will require your full support for your child to achieve program goals, from driving the student to their work placement, to asking them about their homework, etc. How do you see yourself in a supporting role for your child?

Parent signature: _____

Date: _____

For those students who are successful in getting to the interview stage, a parent is asked to also be in attendance for the interview. These will be held at the school on a regular school day, and will take about 15 minutes. Please provide a cell phone # where a text can be sent (or an email address) below where you can be contacted to set up a date and time for the interview.

Name: _____ Cell # or email : _____

PLEASE RETURN THIS COMPLETED APPLICATION FORM TO THE MAIN OFFICE AT SYDNEY ACADEMY.

APPLICATION DEADLINE WILL BE POSTED ON THE JOHNMFRASER.COM HOMEPAGE