



## **Lasalle Secondary School Sport and Healthy Active Living Program Application 2020-21**

**Name:** \_\_\_\_\_

To be considered for the Sport & Healthy Active Living Program, the student athlete must meet the following criteria:

- Have a B<sup>+</sup> (75%) average from elementary school or approval by the SHAL coordinator
- Train a minimum of 10 hours per week in his/her sport
- Participate in or play on a local, provincial or national team
- maintain a B<sup>+</sup> (75%) average to remain in the program at Lasalle Secondary School
- Successfully complete an interview with the SHAL coordinator or school administration, if required

**Please complete and attach this page to the front of your application.**

### **Application Checklist:**

- Student information (Part 1A)
- Student/Parent Declaration (Part 1B)
- Teacher/Coach Reference (sealed and signed along seal) (Part 1C)
- Grade 7 Report Card (please submit Grade 8 report on receipt of it)
- SHAL Course Selection Sheet
- Head shot photo of applicant

**Please advise if any of the following forms are being sent separately**

Teacher/Coach Reference

Report Card

### **Submission Procedures:**

1. Submit all of the above information in a 9 x 12 envelope.
2. On the outside of the envelope, in large letters, record the following:
  - Student's name and grade
  - Current school name

3. **Submit to :**            **M. Cootes: SHAL Program Coordinator**  
Lasalle Secondary School  
1545 Kennedy St  
Sudbury ON, P3A 2G1

**Application submission deadline: February 28<sup>th</sup> , 2020**

**Applications will only be considered when all forms are completed and submitted.**



# Lasalle Secondary School Sport and Healthy Active Living Program

## Part 1A: Student Information

Complete the following (Please Print)

Last Name: _____	First Name: _____
Date of Birth: _____	Gender: _____
Address: _____	City: _____
Home Phone: _____	Postal Code: _____
Student email: _____	

## Parent/Guardian Information

1 <sup>st</sup> Parent/Guardian: _____ Address (if different from above): _____ Home Phone: _____ Work Phone: _____ Cell: _____ Parent email: _____	2 <sup>nd</sup> Parent/Guardian: _____ Address (if different from above): _____ Home Phone: _____ Work Phone: _____ Cell: _____ Parent email: _____
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## Education

Current School: _____	School Board: _____
Address: _____	
Circle Current Grade:    8    9    10    11    12	Homeroom Teacher: _____
Home High School: _____	School Board: _____

## Academic Support

Receiving Special Education Support:    YES                      NO	Last Date of IPRC: _____
Identification: _____	
Special Education Teacher's Name: _____	
Phone Number: _____	

## Part 1B: Student/Parent/Guardian Declaration

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1. I hereby certify that all the information submitted is accurate.
2. If any information is found to be false / inaccurate, it will result in the application not being considered.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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Part 1C - Please have your teacher reference complete this form. You may wish to give a copy of the Sport & Healthy Active Living Program brochure to accompany this reference request.

## Teacher or Coach Reference (1 Reference Only)

Note: You only need to submit either a coach or teacher reference, not both.

Must have taught student within last 2 years.

Please fill out the form below and place it in a sealed envelope addressed to: M. Cootes, SHAL Program Coordinator, Lasalle Secondary School. Send via the student, board courier, or mail.

Student's Name (Please Print): \_\_\_\_\_

School Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

What subjects have you taught/coached this applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please rate the student according to the following criteria. Circle the appropriate number for each of the areas listed below. (0 = low, 10 = high)

### Self-directed Learner

1            2            3            4            5            6            7            8            9            10

### Time Management

1            2            3            4            5            6            7            8            9            10

### Motivation to Learn

1            2            3            4            5            6            7            8            9            10

### Demonstrates Respect for Others

1            2            3            4            5            6            7            8            9            10

### Accepts Responsibility

1            2            3            4            5            6            7            8            9            10

### Leadership Ability

1            2            3            4            5            6            7            8            9            10

### Additional Comments:

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_