



Lasalle Secondary School
SPORT HEALTH ACADEMICS & LEADERSHIP
Application 2023-24



Name: _____

To be considered for the Sport Health Academics & Leadership (SHAL) Program, the student athlete must meet the following criteria:

- Have a B⁺ (75%) average from elementary school or approval by the SHAL program leader
- Train a minimum of 10 hours per week in their sport
- Participate in and be involved in school activities (sport and non-sport)
- Complete the required application
- Successfully complete an interview with the SHAL coordinator or school administration, if required

The student must also:

- Maintain a good academic standing to remain in the program at Lasalle Secondary School
- Be a positive contributing member in the Lasalle community

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

Application Checklist:

- Student information (Part 1)
- Student/Parent Declaration (Part 2)
- Teacher/Coach Reference (sealed and signed along seal) (Part 3)
- Final Grade 7 Report Card (please February Grade 8 report card upon receipt)

Submission Procedures:

1. Submit all of the above information in a 9x12 envelope
2. On the outside of the envelope, record the following in large letters:
 - a. Student's name
 - b. Student's grade and current teacher name
 - c. Current school name

3. Submit to:

L. Bozzato - SHAL Program Leader
Lasalle Secondary School
1545 Kennedy Street
Sudbury ON P3A 2G1

Application submission deadline: January 12, 2023

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

Late applications will only be considered if there is room in the program.



Lasalle Secondary School

SPORT HEALTH ACADEMICS & LEADERSHIP



Part 1: Student Information

Complete the following (Please Print)

Last Name: _____

First Name: _____

Date of Birth: _____

Preferred Name: _____

Address: _____ City: _____

Student email: _____

Parent/Guardian Contact

1st Parent/Guardian: _____

2nd Parent/Guardian: _____

Address (if different from above): _____

Address (if different from above): _____

Phone #1: _____

Phone #1: _____

Phone #2: _____

Phone #2: _____

Parent email: _____

Parent email: _____

Education

Current School: _____

School Board: _____

Circle Current Grade: 8 9 10 11 12

Homeroom Teacher: _____

Academic Support (if applicable)

Receiving Special Education Support: YES NO

Date of last IPRC: _____

Identification: _____

Part 2: Student/Parent/Guardian Declaration

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: _____

Part 3: Teacher/Coach Reference

Please have your Teacher/Coach reference complete this form. You may wish to give them a copy of the requirements for the Sport Health Academics & Leadership (SHAL) Program to accompany this reference request.

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

The Teacher/Coach Reference must have taught/coached the student within the last 2 years.

Please fill out the form below and place it in an envelope (sealed and signed along seal) addressed to:

L. Bozzato - SHAL Program Leader
Lasalle Secondary School
1545 Kennedy Street
Sudbury ON P3A 2G1

Send via the student, board courier, or regular mail.

Student Name (Please Print): _____

School or Organization Name: _____

Teacher/Coach Name: _____

Phone Number: _____ Email: _____

What subjects/sports 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/Coach Signature: _____

Date: _____