



OTTAWA-CARLETON DISTRICT SCHOOL BOARD

Supplementary Option Sheet for 2019-2020

SHSM Application

This Supplementary Option Sheet must be used by students who wish to enrol in a **Specialist High Skills Major** or a **Focus** Program. Please submit this supplementary option sheet with your regular option sheet for your home school.

Academic Information *(Please print clearly.)*

1. Ontario Education Number (OEN) – you should see this number on your student timetable.

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2. Name of Your School

- Name of Your Guidance Counsellor

3. SHSM or Focus Program requested

- Name of Host School

Student Information *(Please print clearly.)*

4. First Name

- Middle Name

5. Last Name

6. Student's Home Phone

- Student's Cell Phone

7. Student's Email *(Please print clearly.)*

8. Student's Street Number and Street

9. City/Town

- Province

10. Postal Code

- Country

Parent Contact Information *(Please print clearly.)*

11. Parent/Guardian's name

- Parent/Guardian Work or cell Phone

12. Parent/Guardian's Email (*Please print clearly.*)

Parents address same as student? YES

If NO, complete the following:

13. Parents' Street Number and Street

14. City/Town

Province

15. Postal Code

Country

Verified by home school as accurate (please initial)

Personal Information

16. Date of Birth (YEAR / MONTH / DAY)

17. Sex (Male or Female)

First Language:

Additional Information

18. Do you have an Individual Education Plan (IEP)? (Answer YES or NO.)

19. Are you an English Language Learner (ELL)? (Answer YES or NO.)

Signatures

Date (DD/MM/YY)

Student Signature

Parent/Guardian Signature

Date (DD/MM/YY)

Admin/Guidance Signature

For Office Use Only	If the student is applying for a program at another school, please complete the following.		
	Guidance Counsellor who helped complete this application (please print):	Date completed	Counsellor's initials
	A copy of this application and the student's credit counselling summary has been sent to the host school.	Date sent	Counsellor's initials
	The student has been notified if their application is accepted or declined.	Date notified	Counsellor's initials