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|  | **St Ignatius of Loyola Catholic Secondary School**  **Grade 12 Request to Return Application** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part 1: Current Attendance & Courses** |

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| **Sem 1 Courses** | **Absences** | **Lates** | **Sem 2 Courses** | **Absences** | **Lates** |
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Attendance Profile for both semesters attached? Yes / No

Credit Counselling Summary attached? Yes / No

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| **Part 2: Course Scheduling** |

I understand that I will be taking a minimum of 3 courses on my timetable for every semester.

Student Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Initials (If under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part 3: Attendance** |

I understand that my attendance in class must be exceptional and that I may be removed from any class in which I have accumulated 3 truancies or atypical absences. I agree to use the S18’s for medical / dental appointments, and not use this privilege during times which I am required to complete a summative assessment (i.e. test, assignment, seminar, etc.)

Student Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part 4: Co-Curricular Participation** |

To be eligible for Co-Curricular participation at St. Ignatius of Loyola Catholic S.S., I understand that I must be enrolled in, and achieving a minimum of Level 2 (>60%), in at least TWO courses linked to my academic goals. In addition, I understand that if I do not meet the school Code of Conduct, I may be removed from Co-curricular participation at Loyola.

Student Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part 5: Post-Secondary Objectives** |

Please explain your Educational Plan and your rationale for returning to Loyola. Please include the specific courses you intend to complete to meet your Educational Plan.

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*Please indicate the specific program and institution for which you hope to apply as well as the specific secondary school course you require for admission.*

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| **Program:** | **Institution:** | **Specific Course(s) Required:** |
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Guidance Counsellor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature, if student under 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Office use only

* Yes, this request is approved for Semester 1
* Yes, this request is approved for Semester 2
* No, this request is not approved. Student will be directed to alternative programming (Ie: Thomas Merton).

Administrator met with student on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/Vice-Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_