ETOBICOKE YEAR ROUND ALTERNATIVE CENTER

160 Silverhill Dr. Etobicoke, ON M9B 3W7

Rick Kusturica, Curriculum Leader Phone: 416-394-2123

Main Office: 416-394-2120 Fax: 416-394-2126

**Students who choose ETOBICOKE YEAR ROUND ALTERNATIVE SCHOOL are looking for a unique school experience designed to accommodate their learning style, are at least 16 years old and lack grade 9 and 10 credits.**

**Often our students have become disengaged in regular classroom settings, but express interest in continuing their education. We offer re-engagement through various means such as smaller classroom sizes, credit recovery, dual credit, and experiential learning!**

**Our STAFF builds strong working relationships with our students and their families to provide the support students need to be successful.**

**Our STUDENTS excel in our small, caring, and mutually respectful groups when they are committed to attending regularly and are motivated to build life and academic skills in a nurturing and vibrant school environment.**

**2017-2018 – Etobicoke Year Round Alternative Center Schedule**

Quad 1 August 28 – November 3

Quad 2 November 13 – February 1

Quad 3 February 12 – April 22

Quad 4 April 30 – July 5

**APPLICATION PROCESS**

1. The referring school will be asked to complete this Referral Form and send it and additional student information by fax to Etobicoke Year Round Alternative Center marked Confidential.
2. If Etobicoke Year Round Alternative Center can provide the timetable and resources to support the student’s success, the guidance staff at EYRAC will contact student and parents and provide an Intake Interview appointment.
3. The student should continue in attendance at the referring school until registration and a start date at the Etobicoke Year Round Alternative Center has been confirmed.

Principal – Denis Lopes

Vice Principal – Kathy Keroglidis Vice Principal – Manny Moura

**ETOBICOKE YEAR ROUND ALTERNATIVE CENTER**

2017 - 2018

**REFERRAL FORM**

**(to be completed by a guidance councillor or school administrator)**

Please Note: **This referral does not guarantee acceptance into EYRAC** as we first need to ensure that we can support the student’s success. **The student should continue in attendance at your school until registration** and a start date at EYRAC have been confirmed.

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Surname First Name

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral made by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/ext.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the appropriate answer below and submit the requested documents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this student interested in Experiential Learning through Co-op placement?**

**YES NO**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Concerns yes no Social Service Involvement yes no

Motivational Concerns yes no Spec Ed Identification yes no

Attendance Concerns yes no IEP in student OSR yes no

Behavioural Concerns yes no Safety Plan yes no

Number of suspensions\_\_\_\_\_\_

\_\_\_\_\_ Student Index Card attached

\_\_\_\_\_ Most Recent IEP attached

\_\_\_\_\_ Credit Counselling Summary attached

***Return by fax: 416-394-2126***