



# Northview Heights S.S.

550 Finch Ave. W.  
Toronto, Ontario M2R 1N6  
Tel: (416) 395-3290 Fax: (416) 395-3294



## VICE PRINCIPAL'S RECOMMENDATION

(To be completed by student's Vice Principal of previous or current school's registration )

STUDENT NAME: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

REASON FOR CHANGE OF SCHOOL: \_\_\_\_\_

Check the appropriate box:

- |                    |                                      |                                       |
|--------------------|--------------------------------------|---------------------------------------|
| 1. ACHIEVEMENT     | acceptable <input type="checkbox"/>  | unacceptable <input type="checkbox"/> |
| 2. ATTENDANCE      | acceptable <input type="checkbox"/>  | unacceptable <input type="checkbox"/> |
| 3. BEHAVIOUR       | acceptable <input type="checkbox"/>  | unacceptable <input type="checkbox"/> |
| 4. PROGRAMME NEEDS | Special Ed. <input type="checkbox"/> | ESL/ELD <input type="checkbox"/>      |

5. GENERAL COMMENTS: \_\_\_\_\_

Required Attachments:  Last Report Card  Full printout of attendance from beginning of school year  
Or  Credit Counseling Summary

**NOTE:**

- The information you have provided is collected under the legal authority of Section 265(d) of the Education Act R.S.O. 1990, and may be used for administrative purposes related to school programs and records and for determining eligibility for attendance. Questions should be directed to the Principal.
- Transferring schools could affect your eligibility to participate in sports.
- Falsifying information on this form will result in your retirement from Northview Heights Secondary School. Admission to Northern Secondary School is considered to be conditional pending receipt and review of the student's records from their previous school.

If this student is accepted to Northview Heights Secondary School would you "Release" the student from your Trillium database so that he/she may be registered at Northview Heights Secondary School? Yes No

It **IS** recommended  / It is **NOT** recommended  that this student be considered for admission to Northview Heights Secondary School.

_____ <i>Date</i>	_____ <i>Vice Principal's Name (Please Print)</i>	_____ <i>Vice Principal's Signature</i>
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Direct Phone No: \_\_\_\_\_ Extension No: \_\_\_\_\_