

Parent/Legal Guardian/Student Consent for Referral and Enrolment

1. Parent/guardian/student consent form for referral signed.
2. TIP referral is to be completed in collaboration with assigned TIP teacher.
3. Referral presented to Student Services Administrator at regular meetings with TIP teachers. Referral will be accepted or denied, all denied applications will have accompanying recommendations for programming.
4. If approved, TIP teachers will initiate a Candidate Referral Conference (CRC) with home school student case manager.
5. Following the CRC, an interview with the student, parent/guardian, and TIP staff will be scheduled by the TIP staff.
6. TIP staff will notify the home school following the interview regarding start date.
7. Referrals for students looking for placement in April/May of a school year must be received by April 1st of that year.
8. Referrals for students looking for placement in S2 7912 / g0 G -0.051 Tc(F1)TJET@1.45 27.264 263.93

Date of Referral:

Student Information		
Student Name:	M.E.T.#	
Date of Birth:	Age:	
Home High School:	Current Grade:	
Referred by (School/Agency):		
School/Agency Contact:	Phone:	Email:

Parent/Legal Guardian Info Part 1 – Demographic Information	
Parent 1:	Student resides with this person
Address:	Phone:
Email:	Cell:
Parent 2:	Student resides with this person
Address:	Phone:
Email:	Cell:
Other:	Student resides with this person
Relationship (ex. relative, foster parent):	
Address:	Phone:
Email:	Cell:
Child in Care:	
Agency:	Social Worker:
Office Phone:	Cell Phone:
Email:	

Part 3 – Medical Information and Clinical Diagnoses

This student has the following medical conditions/clinical diagnoses/medications

Please bring all documentation and recommendations regarding these conditions/diagnoses to the referral meeting

Part 5 – Academic Profile

School Enrolment History

beginning with the most recent placement.

Please also attach an up-to-date student transcript.

Grade Level	School/Division Attended	Type of Program (regular/alternative)	Significant incidents during this time (i.e. change in living situation)

Please bring all cognitive/academic diagnostic assessment information for this student to the referral meeting.

