

Campbellford District High School

119 Ranney St N, Campbellford, Ontario, K0L 1L0
Phone: 705 653 3060 • Fax: 705-653-5632

STUDENT HISTORY

To be completed by the Vice-Principal of your current school

By signing below, I authorize the administration of Campbellford District High School Secondary School to contact the administration from this former school.

Student Signature: _____ Parent Signature: _____

STUDENT NAME: _____ Date: _____

Vice-Principal: _____ Board: _____

Current School: _____ Current Grade: _____ Phone: _____

Attended current school from: _____ until _____

Reason for leaving this school: _____

ATTENDANCE:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Improvement needed	
ACHIEVEMENT:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Improvement Needed	
BEHAVIOUR:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Improvement Needed	
Has this student had any suspensions during the past year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES, please state reason: _____				
Has this student ever been expelled:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES, please state reason: _____				
SPECIAL EDUCATION and ESL:	<input type="checkbox"/> IEP and IPRC Identification: _____			
	<input type="checkbox"/> IEP / <u>no</u> IPRC	<input type="checkbox"/> SIP	<input type="checkbox"/> BIP	<input type="checkbox"/> EA Support
LITERACY TEST RESULTS:		<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	

If you have additional information you feel is important for CDHS to know, please contact us.

VP Name: _____ VP Signature: _____