



Middle School Student Application

Student MUST complete application in OWN handwriting.

Student Name _____ Student Cell Phone Number _____
Date of Birth _____ Age _____ Current Grade _____ Current School _____
Parent Name _____ Home Phone Number _____
Guardian Name _____ Cell Phone Number _____
Address _____ Work Phone Number _____

How did you find out about Star of the North Secondary School? _____

What do you know about Star of the North? _____

Have you ever been in a Resource, ELL or Special Needs class or received extra help? _____

If yes, for what and when? _____ Which school(s)? _____

Have you ever received free or reduced hot lunches at school? _____

Do you have health insurance? _____ With whom? _____

What leisure/recreational activities do you enjoy? _____

Your important relationships: (circle) family friends boyfriend girlfriend child

Do you or have you ever had a problem controlling your anger? _____

Do you have any particular medical problems or conditions (physical, mental, chronic) which affect your attendance or ability to complete work? _____ Explain _____

What are your favorite classes? _____

Why? _____

What are your most difficult classes? _____

Why? _____

Name at least two factors that interfered with your success in the traditional school:

1) _____ 2) _____

What do you read for leisure? _____

Is reading difficult for you? _____

Rank your skills from 1 – 10: Writing Composition _____ Math _____

What would you like Star of the North to do for you? _____

Name an ideal teacher you have had and what that teacher did to help you succeed: _____

Is there anything blocking your success at Star of the North that we should know about? _____

Has there been an adult in your life, other than your parents or guardians, who has helped guide and advise you? _____ If so, who was it? _____

Would you be willing to work with an adult mentor? _____

Are you committed to attending Star of the North right now? _____

Do you have any questions? _____

Concerns? _____

