



District Alternative Programs Referral Form For the 2020-2021 School Year

School District #39. 1580 West Broadway Vancouver, BC. V6J 5K8

Student Information:

Application Date: _____

Student Legal Name (First and Last): _____ Preferred Name (if different): _____ Pronoun(s): _____

Pupil #: _____ Current Grade: _____ Date of Birth (dd/mm/yyyy): _____

Ministry Designation(s): _____ ELL: No Yes - Years of ELL Service ____ Indigenous: No Yes

Address: _____ Postal Code: _____ Cell Phone: _____

Is student in support of referral? No Yes Is parent/guardian in support of referral? No Yes

Parent(s)/Guardian(s) Information:

1) Name: _____ Relationship to Youth: _____
Email: _____ Phone: _____
2) Name: _____ Relationship to Youth: _____
Email: _____ Phone: _____

Language Spoken at Home: _____ Preferred Program Start Date: _____

Current School/Program: _____ Catchment School (if different): _____

Referring Staff Member: _____ Role: _____ Ext: _____

Check box(es) for program(s) of interest : (Refer to the program links below or contact programs directly for more information.)

[VSB Student Supports Alternative and Alternate Programs](#)

Junior District Alternative Programs

- ___ [Foundation](#) (Gr. 8-10)
- ___ [Streetfront](#) (Gr. 8-10)
- ___ [Sunrise](#) (Gr. 8-9)
- ___ [Tupper Alternative](#) (Gr. 8-9)
- ___ [Vinery](#) (Gr. 8-9)
- ___ [West](#) (Gr. 9-10)

Senior District Alternative Programs

- ___ [City School](#) (Gr. 11-12)
- ___ [Heron's Nest for Young Parents](#) (Gr. 8-12)
- ___ [Outreach](#) (Gr. 10-12)
- ___ [Spectrum](#) (Gr. 10-12)
- ___ [Take A Hike](#) (Gr. 10-12)
- ___ [Total Education](#) (Gr. 10-12)
- ___ [Tupper Nova](#) (Gr. 10-12)

___ [Unsure](#) – Student needs a smaller, more supportive, learning environment

Vancouver Inter-Agency Programs – For reference only. Referrals for these programs must be submitted through a current Social Worker or Youth Justice Worker.

- ___ [Aries](#) (Gr. 8-10)
- ___ [Cedar Walk](#) (Gr. 10-12)
- ___ [East Vancouver Education Center](#) (Gr. 8-12)
- ___ [Genesis](#) - North, Central, South (Gr. 10-12)

- ___ [Pinnacle](#) (Gr. 10-12)
- ___ [South Vancouver Learning Center](#) (Gr. 8-10)
- ___ [Summit](#) (Gr. 8-12)

Outside Agency Involvement (i.e. Social Worker, Counsellor, Therapist, Psychiatrist, Psychologist, etc.):

Title/Position	Name	Phone	Email

Please Attach a Copy of the Student's (*Applications will not be considered until all documents are received*):

- Permanent Student Record - *Required*
- Latest Report Card - *Required*
- School Based Team Notes - *Required*
- Pre-Referral Intervention Strategies (PRIS) form - *Required*
- Individualized Education Plan - *if applicable*
- Psycho Educational Assessment - *if applicable*
- Other(s): _____

Will you also be applying for a Special Education program?

Yes No If yes, program(s)

About This Student:

This student does well when:

This student needs support with:

Rationale for program preference(s):

Please combine all documents into one file and email application or direct questions to: alteredreferral@vsb.bc.ca