



Waterford Valley High

Home of the Warriors

Fourth Year Student Application 2018-19

Persons interested in applying as a 4th year student at Waterford Valley High **MUST** attend a meeting at the Learning Commons on September 6th at 10am. The deadline for completed applications will be Friday, September 8/17.

Email contact: Ms. Anne Murphy at annemurphy@nlesd.ca

Please take time to ensure legibility and accuracy of your application. Only completed applications will be considered and MUST include:

1. A photocopy of the most recent transcript of marks from the Department of Education.
2. All books returned.

Student Name: _____ Phone: _____

Number of Credits received as of August 2018: _____

Number of Credits you wish to take: _____ Number of Days absent last year: _____

Courses you would like to take this year:

*Please note some courses may be filled and not accessible.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Students will be contacted as soon as possible concerning admission as a Level IV student. A meeting among Parent(s)/Guardian(s), students and School Administration may be required.

Note: The object of a fourth year of study at Waterford Valley High is to provide students the opportunity to meet the requirements for High School Graduation. Student progress is closely monitored. Refusal to follow attendance and/or behavior expectations will result in dismissal from school.



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This agreement is between _____ (Student Name) AND WATERFORD VALLEY HIGH.

YOUR ENTRY/RETURN TO WATERFORD VALLEY HIGH will be subject to the following conditions:

1. That you will be punctual and to have all books, supplies and materials necessary for class;
2. That you will attend class on a regular basis. Excessive absenteeism will constitute grounds for review;
3. That you will abide by all student rules and regulations;
4. That your conduct in school at all times be appropriate and acceptable to teachers and administration;
5. That you will only be on school ground for the time prescribed for class. If you have time in between classes then you must make arrangements to study in the library, PASS room or leave school grounds. 4th Year students are not to loiter in the cafeteria, hallways or around the school building.
6. That you agree to attend all homeroom periods if you have a class immediately following the homeroom period;
7. That you agree that any deletions to your timetable are made only after consultation with and approval from the school administration;
8. That your studies demonstrate a reasonable and acceptable effort as indicated by your desire to return to school as a Level IV student.

Your signature indicates that you have read and have accepted the above condition. A breach of any of these conditions will result in an immediate review of your status may result in dismissal or other disciplinary action as deemed necessary by the administration of the school.

Date: _____

(Student Signature)

(Parent/Guardian)

(Administration)

4th Year Demographic information for PowerSchool

Demographics		
Student Name		
MCP Number		MCP Expiry
Address Information		
Physical Street		
City		Prov
Postal Code		
Mailing Address		<input type="checkbox"/> Mail and physical address are the same
City		Prov
Postal Code		Home Phone
Gender		Date of Birth
Student Email		
Other Information		
Electoral District		
French Program	<input type="checkbox"/> EFI <input type="checkbox"/> LFI <input type="checkbox"/> Core <input type="checkbox"/> N/A	
Citizenship	<input type="checkbox"/> Canadian <input type="checkbox"/> Other _____(specify)	
Student Living Arrangement		
Student Lives With	<input type="checkbox"/> Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Shared Custody <input type="checkbox"/> Other _____	
Parent/Gaurdian #1 Information		
Name		
Home Phone		Day Phone
Cell Phone		Email
Parent/Gaurdian #2 Information		
Name		
Home Phone		Day Phone
Cell Phone		Email
Emergency Contact		
*Please provide one emergency contact		
Name		
Home Phone		Day Phone
Cell Phone		Email
Student Medical Information & Medical Release		
Medical (Allergies)		
Medical Release	We, the undersigned parent/guardian, grant Waterford Valley High School, and/or its designated staff member, authorization to obtain emergency medical care for our child.	
Parent(s) Signature		

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NL, Canada A1E 0E3
www.waterfordvalleyhigh.com
@WarriorsWVH



Principal Bridget A. Ricketts
Assistant Principal David Stinson
Counselor Glenda Jackson
Counselor Allison Kirkland

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MEDIA CONSENT FORM

Dear Parent or Guardian:

Throughout the school year, the media may visit our school to cover special events. Waterford Valley High may also wish to use your child's photograph, voice or student work for promotional and educational reasons, such as in publications, posters, brochures and newsletters; on the district web site, radio station or Cable TV channel; or at community fairs or other special district events.

Before your child's photograph or voice can be used by the media or by the school district, you must give your permission. Please sign and return this page stating whether the district and the media have permission to use your child's photograph, student work or voice for promotional and educational purposes. Thank you for your cooperation.

Thank you,

Bridget A. Ricketts, Principal

 I give my permission that my child, (name) _____ may be filmed/photographed/interviewed by the media during school events and for the district to use my child's photograph/work/voice for promotional and educational purposes.

Parent/Guardian signature _____ Date: _____

I do not give my permission for my child to be filmed/photographed/interviewed by the media during school events **nor** for the district to use my child's photograph/work/voice for promotional and educational purposes.

If you have any questions about this form, please call your school at 745-6264.