

GOLDEN ALTERNATE PROGRAM
Box 1350
Golden, BC V0A 1H0
250-344-4548 or 250-344-2201, ext. 3911

STATEMENT OF PHILOSOPHY

The alternate program provides students with an individualized, self-paced program to reach their graduation goals.

MISSION STATEMENT

Every student in the Golden Alternate Program will cross the graduation stage with purpose, dignity and options.

GENERAL INFORMATION FOR PARENTS & STUDENTS

Golden Alternate Program is a senior program accommodating Grade 10, 11 & 12 students. The staff consists of one teacher, apart-time Special Education Assistant and an Aboriginal Support Worker one morning a week. The hours of operation are Mondays to Fridays 8:30 to 3:15.

GAP offers the following features to those students seeking admission to the school:

1. Academic credit toward a Grade 12 standing can be earned through a wide range of ministry approved programmed learning materials.
2. A relatively relaxed, informal, personal style of instruction in which a one-to-one working relationship between staff and student is emphasized.
3. Students enrolled in the program will be required to make a written commitment to:
 - adhere to their individual academic program
 - adhere to their individual attendance program
 - adhere to their individual behaviour program
4. This program has a flexible attendance requirement. Grade 10 students must attend 20 hours per week. Grade 11 and 12 students have a little more flexibility in their hours, but a minimum of 15 hours per week is required.

Parents will be notified only if the staff requests a student to leave because of some serious infraction.

Although GAP offers an “alternate” approach to the regular high school system, students should not be misled into believing that it is an “easy” way to complete Grade 12. In many instances, the academic requirements are more demanding than the regular high school because the student is expected to assume a large measure of the responsibility for successfully completing the course requirements. The student must accept the responsibility of organizing and completing his/her academic requirements. The student must also accept responsibility for supporting and contributing to a positive learning environment within the building. Each student is required to set and meet weekly academic and behaviour goals.

Reporting Periods: Progress Reports will be issued four (4) times during the school year: November, January, March and June.

The doors at GAP are always open to parents who wish to come in to check out the program or to check on the progress of their son/daughter.

Revised November 5, 2013

GOLDEN ALTERNATE PROGRAM

Box 1350

Golden, BC V0A 1H0

Phone: (250) 344-4548 or 250-344-2201, ext. 3911

NOTICE OF UNDERSTANDING

Notice of understanding between parents, student, and staff regarding attendance, course start and completion times:

There are a mandatory number of hours required for attendance in order to be eligible to maintain your place in the Program. These hours will be discussed with the teacher and agreed to in writing upon acceptance into the program.

We want to be very clear, for students who are taking a course in our program you must be able to work in all subject areas **independently**. We work hard to support the goals of our students. Often, there may be a strong desire to finish a course at a certain time, or a time crunch associated with graduation. We will always assist our students in figuring out their timelines, and encourage them to work consistently and make progress to the best of their ability. Course completion and timing of course completion, however, rests with the student. Each individual is responsible for tracking their progress and timing.

This means that every course that we administer starts when the student begins it, and ends when the student finishes it. Traditional calendars, block rotations, semesters, etc. do not play a part unless the student is writing a Provincial Exam in which case he or she will need to have the course completed by the exam dates in November, January, April, or June.

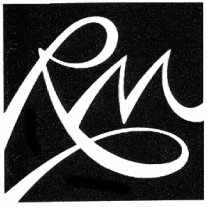
It is possible for the semester to change, or the school year to end, with courses in our program not completed. Students may carry on in the following year where they left off. A final grade will then be given once the course is completed.

I have read and understood this notice.

Date: _____ **Number of Attendance Hours:** _____

Student Signature: _____

Parent Signature: _____



Rocky Mountain
SCHOOL DISTRICT NO. 6

SCHOOL DISTRICT #6 (Rocky Mountain) Student Registration Form

Student # _____
(office use only)

STUDENT INFORMATION

Gender (Male / Female) _____
Legal Last Name _____
Legal First Name _____
Usual First Name _____
Usual Last Name _____
Preferred First Name _____
Middle Name (s) _____
Birth Date (D/M/Y) _____
Birth Certificate Attached (Yes / No) _____
Other Proof of Age _____
Home Phone No. (250) _____
Unlisted (Yes / No) _____

ADMISSION INFORMATION

Registration Date _____
Grade _____ Homeroom _____
Cross Enrolled School _____

CITIZENSHIP, ESL & ABORIGINAL

Country, City & Province of Birth _____
Citizen of _____
Language at Home _____
English as a Second Language (Yes / No) _____
Aboriginal (Yes / No) Band _____
(Circle one): Status-On Reserve, Status-Off Reserve,
Metis, Inuit, Non-Status

PROPERTY ADDRESS

Street # & Name _____
Apt # _____
Town _____
Postal Code _____
X-Boundary (Yes / No) _____
School _____

MAILING ADDRESS

Same as Property Address? (Yes / No) _____
Address _____

PREVIOUS SCHOOL/DISTRICT

Previous District _____
Previous School _____
Phone: _____ Fax: _____

MISCELLANEOUS INFORMATION

Network/Computer Access, Acceptable
Use Policy read & signed (Yes / No) _____
Release of Information Forms
To PAC (Yes / No) _____
To Media (Yes / No) _____
For Grad (Yes / No) _____

PARENT/GUARDIAN INFORMATION

Custody _____ Living With _____ Court Access _____
Parent/Guardian
Relationship _____
Last Name _____
First Name _____
Emergency Contact (Yes / No) _____
Living With Student (Yes / No) _____
Same as Student Address (Yes / No) _____
Address (if different) _____
Place of Employment _____

Parent/Guardian
Relationship _____
Last Name _____
First Name _____
Emergency Contact (Yes / No) _____
Living With Student (Yes / No) _____
Same as Student Address (Yes / No) _____
Address (if different) _____
Place of Employment _____

Work Phone Number (250) _____
Available at Work (Yes / No)
Home Phone Number (250) _____
Unlisted (Yes / No)
Cell Phone Number (250) _____
Fax # (250) _____
Email Address _____

Work Phone Number (250) _____
Available at Work (Yes / No)
Home Phone Number (250) _____
Unlisted (Yes / No)
Cell Phone Number (250) _____
Fax # (250) _____
Email Address _____

SIBLINGS

Last Name:	1. _____	2. _____	3. _____ (M / F)
First Name:	1. _____	2. _____	3. _____ (M / F)
Relationship:	1. _____	2. _____	3. _____ (M / F)
Birthday (D/M/Y):	1. _____	2. _____	3. _____
Grade:	1. _____	2. _____	3. _____

EMERGENCY CONTACT INFORMATION

Last Name _____
First Name _____
Relationship _____
Address _____

Last Name _____
First Name _____
Relationship _____
Address _____

Home Phone Number (250) _____
Unlisted (Yes / No)
Work Place _____
Work Phone (250) _____
Cell Phone Number (250) _____
Pager No. (250) _____

Home Phone (250) _____
Unlisted (Yes / No)
Work Place _____
Work Phone (250) _____
Cell Phone Number (250) _____
Pager No. (250) _____

MEDICAL INFORMATION

Doctor _____ Phone _____ Care Card # _____

Life Threatening (Yes / No)

Health Factors (e.g. Allergies)

OTHER

Requires Learning Assistance: (Yes / No)

Requires Special Needs Assistance (Yes / No)

Parent/Guardian Signature

Date

GOLDEN ALTERNATE PROGRAM
Box 1350, Golden, BC V0A 1H0
250-344-4548 or 250-344-2201, ext. 3911

OFFICE USE ONLY

Screened by Committee:

___ SEPTEMBER ___ JANUARY ___ JUNE

APPLICATION FORM

PART I

Student Name: _____

Last school attended _____ from _____ to _____

Last course grade *successfully* completed: Math ___ English ___ Science ___ Social Studies ___

Reason for applying to GAS (Please be as specific as possible) _____

PART II

Reasons why the Golden Alternate Program would be a better choice for you: (Please check all that apply)

___ I need to experience more success

___ I deal with a lot out of school

___ I need to hold down a job

___ I need self-paced work

___ I prefer smaller groups

___ I prefer working with only one teacher

___ I prefer more one-on-one time

___ I am behind in school and need to catch up

___ I like working independently

___ I want to graduate

___ I need to upgrade

___ My attendance is not regular

___ GSS Staff encouraged me to apply

___ Other: _____

PART III

Have you experienced any of the following? (Please check all that apply)

___ High anxiety

___ Depression

___ High stress

___ Intense angry outbursts

___ Long term or serious illness (Please specify) _____

GOLDEN ALTERNATE PROGRAM
Box 1350, Golden, BC V0A 1H0
250-344-4548 or 250-344-2201, ext. 3911

PART IV - OTHER INFORMATION

Note: The answers to these questions will be kept confidential.

Describe your current living situation. (Who are the people you live with?)

Have you had contact with any of the following agencies?

Mental Health	_____	Name of Worker: _____
Probation	_____	Name of Worker: _____
MCFD	_____	Name of Worker: _____
Drug & Alcohol	_____	Name of Worker: _____
Family Centre	_____	Name of Worker: _____
R.C.M.P.	_____	Name of Worker: _____
Women's Centre	_____	Name of Worker: _____
Other	_____	_____

Is there another person or organization that you feel has been a help to you?

Revised January 28, 2014



Rocky Mountain
SCHOOL DISTRICT NO. 6

GOLDEN ALTERNATE PROGRAM

Ph: 250-344-4548 OR 250-344-2201, Ext. 3911

MEDICAL ALERT SYSTEM

*THIS FORM **MUST** BE COMPLETED AT THE START OF EACH SCHOOL YEAR
REGARDLESS IF THE STUDENT HAS MEDICAL ISSUES/CONDITIONS.*

*IF THERE ARE **NO** ISSUES, PLEASE JUST PUT THE STUDENT'S NAME ON
THE FRONT AND **SIGN & DATE THE BACK OF THIS FORM***

Student Name: _____ Date of Birth: _____ / _____ / _____
DAY MONTH YEAR

BC Care Card Number: _____

Required

Parent/Guardian Names: _____

Telephone(s): Home: (250) _____ Work: (250) _____

Cell: (250) _____ Other: (250) _____

Street Address: _____

Mailing Address (if different): _____

Name of Physician: _____ Physician's Phone: _____

Indicate what medical condition this student has that may require emergency care at school:

Describe the potential problem (include symptoms that might be observed):

THIS FORM MUST BE COMPLETED AT THE START OF EACH SCHOOL YEAR

The School will destroy all outdated forms.

Describe the necessary action or intervention to appropriately treat this medical condition:

Revised November 5, 2013

GOLDEN ALTERNATE PROGRAM
Box 1350, Golden, BC V0A 1H0
250-344-4548 or 250-344-2201, ext. 3911

GAP STUDENT / STAFF AGREEMENT

Student Commitment:

1. I understand my academic program will depend on my attendance. Mandatory ____ hours a week.
2. I understand the Alternate Program has a holistic approach and I will therefore attend all required group activities.
3. While in the building, I will behave in a manner that fosters a good learning/working environment for other students and staff.
4. I will not come to the Alternate Program under the influence of drugs or alcohol – I will be asked to leave.
5. I will address any issues which interfere with my ability or others to function in the Alternate Program.

Staff Commitment:

1. We will do everything possible to support your academic success.
2. We will do everything possible to support your personal growth.
3. We will challenge you to celebrate your successes and confront your problems.

Finally, it must be understood that we will go to great lengths to support you in this program. If you fail to meet your attendance/academic/personal commitments, you will be referred to GSS Administration and you may be asked to leave the program.

Student Signature

Date

Staff Signature

Date

GRADUATION REQUIREMENTS

2004 GRADUATION PROGRAM

For students who enter Grade 10 on or after September 1, 2004

TOTAL CREDITS REQUIRED: 80

(Equivalent to 20, 4-credit courses required for graduation. Credits earned for **courses numbered 10, 11 or 12**)

Required Courses (52 credits)

* Language Arts 10	4 credits
Language Arts 11	4 credits
* Language Arts 12	4 credits
Social Studies 10	4 credits
* Social Studies 11	4 credits
* Mathematics 10	4 credits
Mathematics 11 or 12	4 credits
* Science 10	4 credits
Science 11 or 12	4 credits
Physical Education 10	4 credits
Applied Skills or Fine Arts 10, 11 or 12	4 credits
Planning 10	4 credits
Graduation Transitions	4 credits

*** Provincial exams required**

Elective Courses (28 credits)

Grade 12 level courses	12 credits
Grade 10, 11 or 12 level courses	16 credits

Unlimited elective course credits for all Ministry-authorized and Board/Authority Approved courses.

GRADUATION REQUIREMENTS

ADULT GRADUATION PROGRAM

Eligibility

To complete the Adult Graduation Program, students (18 or older) must earn at least 20 credits in the secondary system or complete five courses in the post-secondary system. Courses and credits can be counted from the BC School System and/or the College ABE Program.

British Columbia School System

Qualifying Courses

a Language Arts 12* 4-credit course
course

AND

a Mathematics 11 or 4-credit course
12** course

AND EITHER

Option 1

12 credits
Three 4-credit Grade
12-level Ministry
authorized courses,
including External
Credential Courses

OR

Option 2

12 credits
Social Studies 11, BC
First Nations Studies
12, or Civic Studies
11 (4 credits each)

and

Two 4-credit Grade
12-level Ministry
Authorized courses,
including External
Credential Courses

College or ABE Program

Qualifying Courses

or a provincial or
post-secondary level
English course

or an advanced or
provincial or
post-secondary level
Mathematics course

or three additional
courses at the
provincial or
post-secondary level

or advanced Social
Sciences and two
provincial or
post-secondary level
courses

Total: 20 credits

Total: 5 courses