

LEADERSHIP AND PEER SUPPORT FRENCH APPLICATION FORM
 ~ GPP3OF ~ SIR ROBERT BORDEN HIGH SCHOOL

Personal & Academic Information (Please Print):

Name		Date			
Age		Address			
Date of Birth (D/M/Y)		Postal Code			
Cell Phone #		E-mail			
Semester 1 (this year)		Semester 2 (this year)		Courses Chosen for next year	
Courses	Marks	Courses	Marks	Semester 1	Semester 2
①		①		①	①
②		②		②	②
③		③		③	③
④		④		④	④

Your daily attendance/lates will be taken into consideration. How would you describe your attendance/late record? Circle one: **Excellent** **Good** **Fair** **Poor**

1. Why do you want to take Leadership & Peer Support? _____

2. Describe your, level of independence, responsibility and follow through on completing student duties, assignments and homework: _____

3. Subjects you would be willing to be a Peer Leader in: (in order of preference)
 1. _____ ← *anything you put down, you can be placed in!
 2. _____
 3. _____

4. Please have two teachers sign this form who believe you are suitable for this course.

1) I _____ am willing to have this student as a peer leader in one of my
 (print teacher's name) classes. **Teacher's signature** _____.

2) I _____ am willing to have this student as a peer leader in one of my
 (print teacher's name) classes. **Teacher's signature** _____.

Please rest assured knowing that we will do our best to accommodate your wishes, but placement in classes is limited by timetabling and curriculum needs – you are not guaranteed a particular teacher or course.