





Online Parent Workshop Series
Successful Transition from Elementary to Post-Secondary
Registration Form



Student

First and Last Name: _____

Date of Birth: _____ Gender: _____ Preferred Pronouns: _____

Elementary School: _____ Current Grade: _____

School Board: _____

Please indicate below how you learned about the program:

School Referral Social Media Word of Mouth Other: _____

Parent/ Guardian 1 (primary contact)

First and Last Name: _____

Phone #: _____

Y _____

Work



Background Information Questionnaire



1.

6. Current teacher (if multiple, who knows the student the best):

7. Please describe any academic challenges experienced at school.

8. Please describe any behavioural or psychological difficulties experienced at school.

9.