



District Alternative Programs Referral Form

For the 2023-2024 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 the student in support of referral? No Yes

Is the 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 boxes for programs 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)

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

Senior District Alternative Programs

[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)

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 Centre](#) (Gr. 8-12)

[Genesis](#) - North, Central, South (Gr. 10-12)

[Pinnacle Outreach Program](#) (Gr. 8-12)

[South Vancouver Learning Centre](#) (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 (unless referral is coming from SPED/Alt Ed Program)*
- Pre-Referral Intervention Strategies (PRIS) form - *Required (unless referral is coming from SPED/Alt Ed Program)*
- Individualized Education Plan - *if applicable*
- Psycho Educational Assessment - *if applicable*
- Other(s): _____

Will you also be applying for a Special Education program? No Yes

If yes, Program Name(s): _____

About This Student:

This student does well when:

This student needs support with:

Rationale for program preference(s):

If immediate placement cannot be accommodated, the application will be waitlisted for the remainder of the 2023/2024 school year.

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