



TAKE A HIKE APPLICATION FOR ENROLMENT

TO BE COMPLETED BY THE STUDENT

Name _____ Date of Birth _____ Gender _____

Y/M/D

Student # _____ BC Medical # _____

Ministry / ID # _____

ESL Yes No First Language _____

In School Name of current school/program _____

School-based contact _____ Tel _____

Out of School Last School attended _____

Last Grade completed _____ Year _____

Reason for leaving _____

CONTACT INFORMATION

Who do you currently live with, and what is their relationship to you? _____

Age and sex of siblings female male Age _____

Age and sex of siblings female male Age _____

Contact information for parents/guardians:

Mother's Name	Address (please include postal code)	Telephone H C
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Father's Name	Address (please include postal code)	Telephone H C W
Guardian's Name	Address (please include postal code)	Telephone H C W
Other	Address (please include postal code)	Telephone H C W

Do you have contact with the Ministry for Children and Families? Yes No

Do you have a Social worker? Yes No

If yes, Social Worker's Name _____ Tel _____

What other community support agencies do you have contact with? _____

HEALTH

Doctor _____ Tel _____

Any health concerns? _____

Do you take medications? Yes No

If yes, please list _____



Allergies (ie, food, bee stings) _____

Have you been involved in sports and physical activities? _____

Do you have any injuries? _____

SCHOOL HISTORY

Name your favourite subjects _____

Name your least favourite subjects _____

Problems experienced in school include: (please tick all that apply)

- | | | |
|----------------------------------------------------|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> history of failure | <input type="checkbox"/> class size | <input type="checkbox"/> work was not interesting |
| <input type="checkbox"/> conflict with teachers | <input type="checkbox"/> attendance | <input type="checkbox"/> skipping classes |
| <input type="checkbox"/> conflict with students | <input type="checkbox"/> work was too easy | <input type="checkbox"/> school suspension |
| <input type="checkbox"/> changed schools too often | <input type="checkbox"/> work was too difficult | <input type="checkbox"/> drugs |

Do you have a learning disability? Yes No

If Yes, what kind? _____

PERSONAL PROFILE

Have you had a paid job before? If so, describe _____

What do you most like doing with your free time (interests, hobbies) _____

Choose three words that best describe you:



Why are you applying to Take A Hike? _____

Are you aware that this program will involve many challenging outdoor activities throughout the year, regardless of rain and snow? _____

Who recommended the program to you? _____

What level of skill do you have in the following activities? Please choose appropriate number for each.

1= none

2=some

3=lots

4=expert

____ kayaking

____ skiing

____ snowshoeing

____ hiking

____ canoeing

____ cycling

____ camping

____ climbing

Do you have friends at Take a Hike? Yes No

Names _____

What are your goals for the year (list 3) _____

What are the challenges that you will need to work on in order to be successful here? _____

What two things do you think would help you to be successful in this program?

1. _____

2. _____



Student Declaration: I am prepared to attend regularly, to make a commitment, to complete all assigned work, and to participate fully in all program activities, regardless of the weather. I have read, understood, and agree to abide by the information provided in this document and the attached Classroom and Field Trip Guidelines.

Signature of Student _____ Date _____

Guardian Declaration: I am fully prepared to support the above student to succeed in this program by liaising regularly with staff, attending parent/teacher meetings, and additional meetings as required.

Signature of Guardian _____ Date _____

Signature of Guardian _____ Date _____

Referred by:

Counsellor Parent/Guardian Area Screening Self Other

Attachments:

Report Card
 Volunteer Placement ~ Name/Contact _____