

PREVIOUS SCHOOL ADMINISTRATOR'S REPORT

(to be completed by Principal or Vice Principal)

Name of School: _____ Phone Number: _____

Student Name: _____ DOB: _____

Attendance				
Behaviour				
Achievement				
Additional Information (ie parental involvement, school community involvement, relationship with teachers/peers)				
Suspensions Yes G No G				
Expulsions Yes G No G				
Spec Ed Program	Credit Recovery	SAL	LAH	eLearning

Completed by (print name): _____

Signature: _____ Date: _____



Brock High School

C1590 Regional Road 12, R. R. 1 Cannington, ON L0E 1E0
Phone: 705-432-2311 Fax: 705-432-3080 Principal: William Jovel

<http://www.ddsb.ca/school/brockhs/Pages/default.aspx>

