

# Peak Performance Alternate Timetable Request Student Application

School: \_\_\_\_\_

School Year: \_\_\_\_\_

YYYY-YYYY

This form is intended for students in Grades 8, 9 or 10 only.

Senior students in Grades 11 & 12 may use the Study Block application process to reduce their timetable in order to accommodate their training schedules.

The completed forms (both Student Application and Coach/Instructor Verification) must be returned to the student's Grade Counsellor on or before **May 1st**.

### Peak Performance Course Programming:

Period 4 (Day 1)

Period 4 and Period 8

Period 8 (Day 2)

Study Block in the morning rotation

### Personal Information

Student Name: \_\_\_\_\_

First Name, Last Name

Current Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

First Name, Last Name

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_

### Profile

Area of Focus (e.g., Athletics, Dance, Music): \_\_\_\_\_

Area of Specialty (e.g., Gymnastics, Ballet, Violin): \_\_\_\_\_

Club / Team / Organization: \_\_\_\_\_

Coach / Instructor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for applying for a reduced timetable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your training program including hours per week practicing and competing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outline your long-term goals in your area of specialty:

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List your involvement in activities outside your area of specialty - include school and community clubs, etc:

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Attachment :

Completed Coach/Instructor Verification Form

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

For Office Use Only:

\_\_\_\_\_  
Grade Counsellor Approval

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Principal Approval:

\_\_\_\_\_  
Date:

# Peak Performance Alternate Timetable Request Coach/Instructor Verification

School: \_\_\_\_\_

School Year: \_\_\_\_\_  
YYYY-YYYY

Student Name: \_\_\_\_\_  
First Name, Last Name

Area of Training: \_\_\_\_\_

Club / Organization / Program: \_\_\_\_\_

Coach/Instructor Name: \_\_\_\_\_  
First Name, Last Name

Coach/Instructor Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_

How will the student benefit from a reduced timetable at school?

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Please describe the student's current level of ability:

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Is this student attending practices / competitions on a consistent basis?

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Please describe the student's program including number of hours per week in training, competition and related activities:

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Coach/Instructor Signature \_\_\_\_\_

Date: \_\_\_\_\_