Request to Return to Port Perry High School for 2026-2027
Educational Goals and Career Planning Form

This form is intended for students who have earned their OSSD and/or are entering their fifth year of high school.

Name:		**Date:**
Assigned Vice Principal (Circle one)	**Vice Principal Williams** **Vice Principal Wray**	
		Signature of Administration

Understand that your opportunity to return to PPHS is based on your daily decisions, actions, and behaviors. The administration and staff at Port Perry High School have the following expectations of the returning student:

- You are returning with a specific plan and goals as outlined on your application;
- You attend all classes and are punctual. You must follow all attendance rules as outlined in the attendance policy;
- You act as a student leader by modeling appropriate and respectful behaviour at all times;
- If you are a successful candidate and are able to return to Port Perry High School next year it is important to follow the code of conduct and meet all administrative expectations;
- Know that students who are taking a course for the first time, or who have not achieved their Ontario Secondary School Diploma, will have priority in obtaining spaces in a class over students who are upgrading a course or have already graduated.

NOTE: As of September 2013, the Ministry of Education has implemented a 34-credit threshold. Please speak to a Guidance Counsellor if you require further information.

(Turn over and complete)

Please state the reasons for your application to return to Port Perry High School.

☐ Completing diploma requirements: # of credits still outstanding? _____

☐ Upgrading final marks in courses for which a credit has already been granted.

Course:_____ Final grade received _____
Course:_____ Final grade received _____
Course:_____ Final grade received _____

Rationale for upgrading:

_____
_____
_____

☐ New courses required for post-secondary programs or future destinations.

What is your post-secondary plan?

_____
_____

What courses would you be requesting to support that plan?

1. _____
2. _____
3. _____
4. _____

☐ Other:

_____

Rationale:

_____

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

PORT PERRY H.S.