



OUR LADY OF MOUNT CARMEL CATHOLIC SECONDARY SCHOOL

3700 Trelawny Circle, Mississauga, ON L5N 5J7 (905) 824-1025

POST SECONDARY ACTION PLAN (2026 – 2027)

Name: _____
Last Name First Name

Please indicate your intentions for next year by checking 1 of the following boxes:

- ☐ Returning for semester 1 only
- ☐ Returning for semester 2 only
- ☐ Returning for full year IEP ☐ ESL ☐
- ☐ 5th Year CO-OP semester 1 ☐ Semester 2 ☐

Student Signature: _____

Date: _____

Students who are returning will be interviewed by their Vice-Principal and Guidance Counsellor. Students must provide an academic plan for their return.

List the courses you plan to take next year:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Office Use:

INTERVIEW RECOMMENDATIONS

Name of returning student: _____

Vice-Principal: _____

Interview Date: _____

Vice Principal's Recommendations / Comments:

- ☐ Student **is accepted** for admission
- ☐ Student is accepted for admission conditional upon one or more of the following
 - ☐ Student has excellent attendance for semester 2
 - ☐ Student is successful in all current and semester 2 courses

***Student's progress will be reviewed at mid-term to determine if admission to the next academic year will be accepted**

- ☐ Student **is not accepted** for admission

Comments:

Vice- Principal Signature: _____

Guidance Signature: _____

Date: _____