



COMPASSION, POWER, RESPECT

artemis place
SECONDARY SCHOOL

ARTEMIS PLACE REFERRAL FORM

3020 Richmond Road Victoria, BC V8R 4V1
t: (250) 598-5183 f: (250) 388-9153
www.artemisplace.org

Date:

Applicant's Legal Name:

Preferred Name:

Phone #(s):

Email:

Birth date:

Gender Identity: Female / Trans (please circle)

Is applicant pregnant or parenting?

Yes / No (please circle)

If yes, due date or age of child?

School last attended:

When:

Last grade completed:

What challenges have made schooling a struggle?

Why does Artemis Place seem like a good fit?

Does the applicant know any current students? Yes / No (please circle) If yes, who?

What organization or who recommended Artemis Place?

Parent/Guardian Name:

Relationship:

Phone #(s):

Email:

Please return this form to info@artemisplace.org or by fax to (250) 388-9153