



APPLICATION FOR OUT-OF-SCHOOL BOUNDARY ATTENDANCE

PARENT(S) MAKING APPLICATION: _____
(Parent/Legal Guardian Name)

HOME ADDRESS: _____ CITY: _____

POSTAL CODE: _____ PHONE: _____ EMAIL: _____

NAME OF HOME AREA CATHOLIC SCHOOL: _____ CITY: _____

I hereby make application for my child/children to be considered to attend _____ at
(Preferred start date)

NAME OF REQUESTED CATHOLIC SCHOOL: _____ CITY: _____

Please indicate below name(s) and grade(s) of child/children for the school year they will be attending if approved:

Student Name: _____ Grade: _____ Student Name: _____ Grade: _____

Student Name: _____ Grade: _____ Student Name: _____ Grade: _____

The application is made for the following reason(s):

Please check: Original Application [] Extension [] Date of original application: _____

I UNDERSTAND THAT:

- i) I must provide transportation, if necessary
- ii) If approval is granted, it's given for a maximum of one school year
- iii) If approval is granted, an extension must be requested prior to each school year otherwise students must register at their home school.

The information on this form is collected by the St. Clair Catholic District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 C.e.2) in accordance with the Municipal Freedom of Information and Protection of Privacy Act (FIPPA) (RSO 1990 c.M56), as amended. The information will be used to register the student in school, for student records and for the administration purposes of the St. Clair Catholic District School Board.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

For School Board Use Only

THE PRINCIPALS ARE AWARE OF THIS APPLICATION For the School year: _____

Principal Signature – HOME AREA SCHOOL

Principal Signature – REQUESTED SCHOOL

APPROVED [] Not Approved []

Comments: _____

Manager – Planning & School Business Support Services