



ST. CLAIR CATHOLIC
DISTRICT SCHOOL BOARD

APPLICATION FOR OUT-OF-SCHOOL SECONDARY BOUNDARY ATTENDANCE

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

HOME ADDRESS: _____ CITY: _____ Postal Code: _____

PHONE: _____ NAME OF HOME AREA CATHOLIC SCHOOL: _____

I hereby make application to register my child/children in _____
(name of requested school)

Please indicate below name(s) and grade(s) of child/children. **Effective date of request:** _____

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

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

The above request 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 is given for the maximum of one school year, and**
- iii) **If approval is granted, an extension must be requested prior to each school year.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

THE PRINCIPALS ARE AWARE OF THIS APPLICATION.

Principal Signature – HOME AREA SCHOOL

Principal Signature – REQUESTED SCHOOL

For School Board Use Only

APPROVED

Comments: _____

Superintendent of Education

Copy Distribution: Home Area School Requested School Parent/Guardian

THE INFORMATION ON THIS FORM IS COLLECTED UNDER THE LEGAL AUTHORITY OF THE MINISTRY OF EDUCATION ACT, R.S.O. 1980, AND IS USED FOR THE ADMINISTRATION AND STATISTICAL PURPOSES OF THE ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD.