FORM FOR REQUEST OF ADMISSION OF NON-CATHOLIC STUDENTS

_____ _____ _____
Name of Student Grade Date of Birth

Name of Father: _____

Address (include Township, Concession, if applicable): _____

Name of Mother: _____

Address (include Township, Concession, if applicable): _____

Telephone: Home _____ Mother (w) _____ Father (w) _____

Name of previous school: _____ Telephone: _____

* Please attach this form to your completed school registration form.

PARENTAL REQUEST

I, _____, hereby request permission to register my

child at (name of school) _____, for the school year _____ or

from _____ to _____.

- I agree to demonstrate respect and support for the Catholic tradition and values and I further agree to have my child participate in and receive the religious instruction provided at the school including: Religious and Family Life Education and all aspects of the liturgical life of the school.
- I agree that this request is motivated primarily by the desire for an education within a Catholic environment
- I accept the Board policies regarding School Councils
- My child has special needs: ❑ Behavioural ❑ Learning Difficulties
- I attest that I have provided accurate information

Parent Signature: _____ Date: _____
Student Signature: _____ Date: _____
Principal Signature: _____ Date: _____

SUPERINTENDENT APPROVAL

Approval is hereby granted for the admission of the above-named pupil in our system.

Superintendent Signature: _____ Date: _____

N.B. The child may be admitted on or after the first day of school in September, once it has been determined that space is available, but should not be enrolled in the classroom register until the approval from the Superintendent has been issued and received by the Principal.

Original filed in Ontario Student Record (OSR)
Copy: Parent and Superintendent of School