



# NON-CATHOLIC STUDENT Admission Request

## ACCESSIBILITY:

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

ATTENTION: School Principal

Date of Request: \_\_\_\_\_

I am requesting permission for my child/children to attend your school.

Name of Parent/Guardian completing this application: \_\_\_\_\_  
(please print)

Signature of Parent/Guardian completing this application: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

School Last Attended: \_\_\_\_\_ School Being Requested: \_\_\_\_\_

Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Office use only:

Decision by School:  Denied  Approved

Date of Interview: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Principal Signature: \_\_\_\_\_

### Notice of Collection

Personal information on this form is collected under the authority of sections 265(1)(d) and Part II of the Education Act in accordance with section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Information on this form will be used to administer school registration. Questions about the use of the form should be directed to the school principal. Questions about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Officer at [privacy@wcdsb.ca](mailto:privacy@wcdsb.ca), or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1.

**To be Completed by:** Parent/Guardian

**Description of Use:** Copy: 1. OSR; 2. Family of Schools Superintendent (Retain: 5 years after student retires from school)