



NON-CATHOLIC STUDENT Admission Request

ACCESSIBILITY:

To request this file in large print, please email 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: _____

Disclaimer

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer the Registration Program. Questions regarding the collection of this information should be directed to the Principal.

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)