



**ACCESSIBILITY:**

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

Name of Parent/Guardian Making Application: \_\_\_\_\_

Home Address: \_\_\_\_\_ Unit # (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Name of Home School: \_\_\_\_\_

I hereby apply to register my child/children in: \_\_\_\_\_  
(Out of Boundary school)

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

**TYPE OF APPLICATION:**

- Original Application       Extension

The above request is made for the following reason(s):

**ACKNOWLEDGEMENT & SIGNATURE**

I understand that if approval is granted:

- It is given only for the current academic school year and an extension must be requested for each following school year.  
 It is my responsibility to provide transportation.

\_\_\_\_\_  
Email of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian (handwritten or typed)

\_\_\_\_\_  
Date (yyyy-mm-dd)



**Office Use Only – Receiving Principal**

Principal's Decision:

Approved     Denied

Summary of Reason Supporting the Decision:

\_\_\_\_\_  
Signature of Receiving Principal (handwritten or typed)

\_\_\_\_\_  
Date (yyyy-mm-dd)

**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.

**Completed by:** Parent/Guardian

**Distribution:** Parent/Guardian → Receiving Principal → 1. Home School Principal;  
2. Receiving School Superintendent

**Retention:** Copies: 1. Receiving School's Main Office; 2. Home School's Main Office; 3. Supt. Office  
(Retention: Current +1 Year)