

## OUT OF BOUNDARY / REGION School Admission

## **ACCESSIBILITY:**

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

Name of Parent/Guardian Making Application:		
Home Address:	Unit # (if applicable):	
City:	Postal Cod	e:
Home Phone Number:	Work Phone Nui	mber:
Name of Home School:		
I hereby apply to register my child/children in:	(Out of Boundary scho	ol)
School Year:		
Student Name:	Grade:	Age:
Student Name:	Grade:	Age:
Student Name:	Grade:	Age:
TYPE OF APPLICATION		
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.	ar and an extension must l	be requested for each following
$\hfill \square$ It is my responsibility to provide transportation.		
Signature of Parent/Guardian (handwritten or typed)		Date (yyyy-mm-dd)



## OUT OF BOUNDARY / REGION School Admission

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 <a href="mailto:privacy@wcdsb.ca">privacy@wcdsb.ca</a>, 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)