



## SECONDARY SCHOOL OUT-OF-BOUNDARY ADMISSIONS FORM

IN BOUNDS  OUT OF BOUNDS  CATHOLIC  NON-CATHOLIC

STUDENT INFORMATION					
NAME OF STUDENT:			DATE OF BIRTH: MM/DD/YYYY		
GRADE ENTRANCE:		SPECIAL EDUCATION NEEDS IDENTIFICATION:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAMES OF PARENTS/GUARDIANS:					
ADDRESS:				UNIT#	
CITY:				POSTAL CODE:	
PHONE NUMBERS:			EMAIL ADDRESSES:		
SCHOOL WITHIN BOUNDARY:		REQUESTED SCHOOL:		START DATE:	
CURRENT SCHOOL:					
STUDENT BAPTIZED CATHOLIC		PARENT/GUARDIAN BAPTIZED CATHOLIC		SUPPORTING DOCUMENTATION	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
RATIONALE FOR REQUEST:					
STUDENT HAS A SIBLING WHO IS CURRENTLY ENROLLED AT REQUESTED SCHOOL				IF YES, INDICATE THEIR CURRENT GRADE:	
Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>CONDITIONS OF APPLICATION:</b> 1. TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT(S)/GUARDIAN(S) FOR OUT OF BOUNDARY STUDENTS 2. THE FINAL DECISION IS NOT SUBJECT TO APPEAL I/WE UNDERSTAND THE CONDITIONS OF THIS APPLICATION.					
PARENT/GUARDIAN SIGNATURE: _____			DATE: _____		
APPROVAL					
REQUESTED SCHOOL: <input type="checkbox"/> APPROVED TO INITIATE SCHOOL INTAKE MEETING <input type="checkbox"/> NOT APPROVED					
PRINCIPAL SIGNATURE: _____			DATE: _____		
DISTRIBUTION					
PARENT/GUARDIAN REQUESTED SCHOOL CURRENT SCHOOL					