



## ELEMENTARY SCHOOL ADMISSION 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	<input type="checkbox"/> YES <input type="checkbox"/> NO	PARENT/GUARDIAN BAPTIZED CATHOLIC	<input type="checkbox"/> YES <input type="checkbox"/> NO
		SUPPORTING DOCUMENTATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
RATIONALE FOR REQUEST:			
STUDENT HAS A SIBLING WHO IS CURRENTLY ENROLLED AT REQUESTED SCHOOL	Yes <input type="checkbox"/> No <input type="checkbox"/>	IF YES, INDICATE THEIR CURRENT GRADE:	

### CONDITIONS OF APPLICATION:

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: \_\_\_\_\_

FORWARD APPLICATION TO SUPERINTENDENT OF REQUESTED SCHOOL AT 90 MULBERRY STREET, HAMILTON, ON L8N 3R9

### APPROVAL

REQUESTED SCHOOL:  APPROVED TO INITIATE SCHOOL INTAKE MEETING

NOT APPROVED

SUPERINTENDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### DISTRIBUTION

PARENT/GUARDIAN  
REQUESTED SCHOOL  
CURRENT SCHOOL