

APPLICATION FOR ELEMENTARY/SECONDARY OUT-OF-AREA ADMISSION

Email Application to: susan.lightfoot@wellingtoncdsb.ca

June 2018

Date of Application:		Name of Parent/Guardian:	
Email Address:		Phone No:	
Home Address:		Postal Code:	
Home School: <i>(Within school boundary)</i>		Out of Area School: <i>(Transfer school)</i>	
Start date at new school:			
Student's Name:	Present Grade:	Age:	
Student's Name:	Present Grade:	Age:	
Student's Name:	Present Grade:	Age:	
Student's Name:	Present Grade:	Age:	

Please Specify: <input type="checkbox"/> Original Out-of-Area Admission The Out of Area Admission request is made for the following reasons: Please provide any supporting documentation for change of address

I understand that:

- Admission decisions are governed by the Wellington Catholic District School Board Policy P.SMW.B.2 and Regulation R.SMW.B.2
- **Out of area student admissions are not eligible for transportation**
- If approval is granted, it is given only for the current academic school year.
- If approval is granted, an extension must be requested for approval for each subsequent year **by February 15th**
- If conditions of the transfer change, a student can be returned to their home school during the school year.
- The residence address for the out of area has not changed.

Custodial Parent's/Legal Guardian Signature:	DATE:
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Custodial Parent's/Legal Guardian Signature: (Both signatures are required if parents are separated)	DATE:
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SCHOOL USE ONLY

UNTIL THIS APPLICATION HAS BEEN APPROVED BY THE BOARD OFFICE, THE STUDENT should not be registered at the school through the student information system nor included in enrolment numbers provided to the Board.

BOARD OFFICE USE ONLY

Superintendent of Corporate Services & Treasurer: Tracy McLennan Signature:	Date: Approved <input type="checkbox"/> Denied <input type="checkbox"/>
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