NIAGARA CATHOLIC
DISTRICT SCHOOL BOARD

REQUEST FOR ADMISSION

(PLEASE CHECK APPROPRIATE BOX BELOW)

- ☐ TO AN ELEMENTARY SCHOOL - NON-CATHOLIC RATEPAYER
- ☐ TO AN ELEMENTARY SCHOOL OUTSIDE THE SCHOOL ATTENDANCE AREA
- ☐ TO A SECONDARY SCHOOL OUTSIDE THE SCHOOL ATTENDANCE AREA

This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of The Education Act. and will be used for the Admission of Non-Catholic Ratepayer Students and Students Outside the School Attendance Area. Any questions about this form should be directed to the Family of Schools Superintendent of Education

PROCEDURE FOR PROCESSING REQUEST FOR ADMISSION

1. Parents/Guardians are to meet with the Principal of the school to request admission.
2. The Principal of the school will forward the completed and signed Request for Admission form to the Family of Schools' Superintendent of Education.
3. The Family of Schools' Superintendent of Education will approve or deny the request, inform the Principal of the decision, and a letter will be sent to the parents/guardians.

Request for Admission for school year _____ *to* _____

Please check one:

☐ Admission Recommended _____ *Principal to Initial*

☐ Admission Not Recommended _____ *Principal to Initial*

I am requesting permission for my child/children (please print names and grades below) to be admitted to:

_____ name of school _____ location

_____ child's last name, first name _____ grade

_____ child's last name, first name _____ grade

_____ child's last name, first name _____ grade

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

_____

_____

_____

NOTES:

- **It is expected that all families will respect the Catholic mandate of our Catholic schools and all students will participate in all aspects of school life including Religion classes.**
- **Transportation to and from a school outside of the school attendance area will be the sole responsibility of the parent(s)/guardian(s).**

PERSONAL INFORMATION

Name of Parent/Guardian			
Street Address	Apt. # (if applicable)	City	Postal Code
Email Address	Telephone Home		Telephone Cell
I live within the attendance area for (name of school)		Name of School student(s) presently attend	

PARENT/GUARDIAN SIGNATURE

_____ Signature of Parent/Guardian	_____ Date

APPROVAL

_____ Signature of Superintendent of Education	_____ Date