



York Catholic District School Board
Home School Name _____

**APPLICATION FOR OUT OF BOUNDARY/OUT OF REGION
SECONDARY SCHOOL ADMISSION**

SCHOOL DATE STAMP
UPON RECEIPT:

Current School Name _____
Application Date _____ Out of Boundary application Out of Region application

PUPIL INFORMATION				
PLEASE PRINT				
LAST NAME	FIRST NAME	GENDER M / F	BIRTHDATE (MONTH/DAY/YEAR)	GRADE

Parent/guardian making application _____

Home Address _____

City _____ Postal Code _____

Res. Tel. # _____ Bus. Tel. #: _____

Cell Tel. # _____ Email Address: _____

Name of home/boundary secondary school _____

I wish to register my child in _____

_____ Name of Catholic Secondary School

beginning in Semester 1 Semester 2 of the _____ School Year

The above request is made for the following reason(s).

I understand that:

- All Admission Requirements must be met
- Transportation will not be provided
- The continuation of the TCH19A placement is subject to a review by the Principal
- For **Out of Region** applications: student **must be Roman Catholic and must provide proof of both Roman Catholic Baptismal and English-Separate School Support** on their place of residence

Signature of Parent/Legal Guardian _____ Date: _____

SCHOOL USE ONLY

Principal Recommendation:

Approved Not Approved

Comments (Reasons for non-approval):

Signature _____

Principal or Designate

month/day/year

BOARD USE ONLY

Superintendent Recommendation:

Approved Not Approved

Comments (Reasons for non-approval):

Signature _____

Superintendent

month/day/year