



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	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).
☐ Sibling currently enrolled in grade 9,10 or 11
☐
☐

I understand that:
a. All Admission Requirements must be met
b. Transportation will not be provided
c. The continuation of the TCH19A placement is subject to a review by the Principal
Signature of Parent/Legal Guardian _____ Date: _____

SCHOOL USE ONLY	BOARD USE ONLY
Principal Recommendation: Approved ☐ Not Approved ☐ Comments (Reasons for non-approval): _____ Signature _____ Principal or Designate _____ month/day/year	Superintendent Recommendation: Approved ☐ Not Approved ☐ Comments (Reasons for non-approval): _____ Signature _____ Superintendent _____ month/day/year