TCH-19A
(Rev. Dec.2020)

York Catholic District School Board
Home School Name _____

SCHOOL DATE STAMP UPON RECEIPT:

_____

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

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

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

Personal information contained on this form is collected pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act.* Questions about the collection and the use of this personal information should be directed to the Privacy Manager, York Catholic District School Board, 320 Bloomington Rd. W., Aurora, Ontario, L4G 0M1 or call (905) 713-2711.