



**BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD**

P.O. Box 217, 322 Fairview Drive, Brantford ON N3T 5M8  
Phone 519-756-6505 -- Fax 519-756-9913

**APPLICATION FOR OUT OF SCHOOL BOUNDARY ATTENDANCE**

**TO BE COMPLETED BY THE PARENTS/GUARDIANS:**

PARENT(S)/GUARDIAN(S) MAKING APPLICATION \_\_\_\_\_  
(Parent/Guardian Name)

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Name of Home Area Catholic School: \_\_\_\_\_

Baptized Roman Catholic: Student: Yes  No  Mother/Guardian: Yes  No  Father/Guardian: Yes  No

Proof of Baptism has been Provided  (*Application for the Enrolment of Non-Catholic Students must be completed for all Non-Catholic Registrants*)

I/We hereby make application to the Brant Haldimand Norfolk Catholic District School Board to have our child/children enrolled

at: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Name of Requested School:

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_

**ACKNOWLEDGEMENTS:**

- I. I understand that I must provide transportation, if necessary,
- II. I have read the Board's Policy 200.14 Admission of Student.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REASONS FOR APPLYING TO ATTEND AN OUT-OF-BOUNDARY CATHOLIC SCHOOL MUST BE IDENTIFIED:**

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\_\_\_\_\_

**PLEASE NOTE:** A student will not be registered until this application has been approved by the Superintendent.

**PRINCIPAL ACKNOWLEDGEMENT:**

The Principal is aware of this application and will forward it to the Superintendent of Education.

Proposed class size of receiving school for September \_\_\_\_\_.

*Number of Students*

Signature of Principal \_\_\_\_\_ Date: \_\_\_\_\_

**(FOR SCHOOL BOARD USE ONLY)**

Approved

Denied

Comments: \_\_\_\_\_

Signature of Superintendent of Education: \_\_\_\_\_ Date: \_\_\_\_\_

Copy Distribution: Receiving School Parent/Guardian

**INFORMATION COLLECTION AUTHORIZATION**

**Information Collection Authorization**

Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)