

# SCHOOLS OF CHOICE for students residing IN DIVISION / OUT OF DESIGNATED SCHOOL BOUNDARY



**ENSURE YOU ARE REGISTERED AT YOUR DESIGNATED SCHOOL PRIOR TO APPLYING TO A SCHOOL OF CHOICE.  
APPLICATIONS WILL NOT BE ACCEPTED PRIOR TO THE FIRST MONDAY IN MARCH.  
SCHOOLS WILL NOTIFY PARENTS OF THE OUTCOME BY LETTER NO LATER THAN JUNE 30.**  
Note: High school athletes should refer to the MHSAA guidelines on eligibility and Schools of Choice.

## TO BE COMPLETED BY APPLICANT

Complete legal name of student: \_\_\_\_\_

Date of birth (dd/mm/yy): \_\_\_\_\_ Current grade level: \_\_\_\_\_

Legal gender:  Male  Female

Preferred gender (if applicable):  Trans male  Trans female  Two-Spirit  Gender non-conforming

Name of Program	English K-12	French Immersion K-12	German Bilingual K-8	Ukrainian Bilingual K-8	Technology Education 9-12	Other (please specify)
Current Program (check one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program Applied For (check one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Any Special Requirements or Additional Needs

\_\_\_\_\_

School currently attended: \_\_\_\_\_

Designated school: \_\_\_\_\_

School of choice: \_\_\_\_\_

School year being applied for: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of custodial parent(s)/legal guardian(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_ Postal code: \_\_\_\_\_

**Home Address/Location** (select one)

Same as mailing address

Street address (specify): \_\_\_\_\_

Legal description of rural property (specify): \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**I understand that the school division does not provide transportation to schools of choice students.**

\_\_\_\_\_  
Signature of custodial parent/legal guardian or student (if over 18 years)

## TO BE COMPLETED BY DESIGNATED SCHOOL

Proof of residency verified Date received (dd/mm/yy): \_\_\_\_\_ Time: \_\_\_\_\_

Authorizing signature: \_\_\_\_\_

## TO BE COMPLETED BY DESIGNATED SCHOOL

## TO BE COMPLETED BY SUPERINTENDENT'S OFFICE

Recommendation to accept: <input type="checkbox"/> Yes <input type="checkbox"/> No	Superintendent's approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date effective: _____	
_____ Signature of principal	_____ Signature of superintendent