

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 SCHOOL OF CHOICE

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 |