

# 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

Recommendation to accept:  Yes  No  
 Date effective: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of principal

## TO BE COMPLETED BY SUPERINTENDENT'S OFFICE

Superintendent's approval:  Yes  No  
 \_\_\_\_\_  
 Signature of superintendent