



York Catholic District School Board  
Home School Name \_\_\_\_\_

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

**SCHOOL DATE STAMP  
UPON RECEIPT:**  
\_\_\_\_\_

Current School Name \_\_\_\_\_  
Application Date \_\_\_\_\_  Out of Boundary application  Out of Region application

PUPIL INFORMATION		PLEASE PRINT		
LAST NAME	FIRST NAME	GENDER M / F	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).

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  
 d. For **Out of Region** applications: student **must be Roman Catholic and must provide proof of both Roman Catholic Baptismal and English-Separate School Support** on their place of residence  
 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