



Huron-Perth Catholic District School Board

Mail PO Box 70 Dublin ON N0K 1E0 Phone 519 345 2440 Fax 519 345 2449 Website www.hpcdsb.edu.on.ca

APPLICATION FOR A STUDENT/STUDENTS TO ATTEND A SCHOOL OTHER THAN THE DESIGNATED HOME SCHOOL

TO BE COMPLETED BY PARENT(S). PLEASE CHECK WHERE APPROPRIATE:
(permission must be requested annually)

New Request

Renewal Request

Balance of Current School Year

Name of Home School: _____ Name of School you are requesting attendance at: _____

Names of Child(ren): _____ Grade: _____

Full Mailing Address (including Postal Code) _____

911 Emergency Location (# and Road/Line) _____ Municipality _____

Name of Parents/Guardians _____ Signature of Parent/Guardian _____

Date: _____

SCHOOL OF ATTENDANCE FOR STUDENTS – 3C:4 POLICY STATEMENT states, "It is expected as a general principle that students will attend classes at their home school unless there are extenuating circumstances that allow for consideration for attendance at another school."

REASONS FOR CONSIDERATION FOR EXEMPTION FROM POLICY (to be completed by Parents/Guardians)



PRINCIPAL OF HOME SCHOOL

- Recommend Approval
- Do Not Recommend Approval

Date: _____ Initials: _____

Additional Comments: _____

PRINCIPAL OF ALTERNATE SCHOOL

- Recommend Approval
- Do not Recommend Approval

Date: _____ Initials: _____

Additional Comments: _____

TRANSPORTATION MANAGER

- Transportation can be provided on an existing route
- No Transportation Available – parent must provide

Date: _____ Initials: _____

Additional Comments: _____

DIRECTOR OF EDUCATION

- Permission is granted
- Permission is denied

Date: _____ Initials: _____

Additional Comments: _____

FOR BOARD OFFICE USE ONLY: Upon completion, make 5 copies and distribute as follows:

Original: Parent 1st Copy: Sup't of Education 2nd Copy: Alternate School 3rd Copy: Home School 4th Copy: Mgr of Transportation 5th Copy: Mgr of Assessment/Plant