



CATHOLIC SECONDARY SCHOOL APPLICATION FORM

SEPTEMBER 2008 ENROLMENT

App. Number:
Student Number:

SECTION A: STUDENT INFORMATION

Name of Student: _____ Name of Class & Teacher: _____
 Name of School Presently Attending: _____ School Code: _____
 (if this is not your home school, you may indicate your home school below) Gender: _____
 Home Address: _____
 Home Phone: _____

If you enter your home elementary school, i.e. the school closest to where you live, the school you attend will no longer be used for secondary school admission. This may or may not be to your advantage for placement.

My home school is: _____ # _____

SECTION B: TO BE COMPLETED BY THE SCHOOL PRINCIPAL (prior to being signed by parent/guardian)

1. Indicate if student is currently identified (IPRC) as exceptional: Yes

A placement meeting will be called by the secondary school for all exceptional students

Indicate Current Special Program Placement

- | | | |
|--|--|---|
| <input type="checkbox"/> Autism (A) | <input type="checkbox"/> Giftedness (G) | <input type="checkbox"/> Physical Disability (PD) |
| <input type="checkbox"/> Behaviour (BE) | <input type="checkbox"/> Language Impairment (LI) | <input type="checkbox"/> Special Education (SE) |
| <input type="checkbox"/> Blind / Low Vision (BL) | <input type="checkbox"/> Learning Disability (LD) | <input type="checkbox"/> Speech Impairment (SI) |
| <input type="checkbox"/> Deaf / Hard of Hearing (HI) | <input type="checkbox"/> Mild Intellectual Disability (MI) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Developmentally Disabled (DD) | <input type="checkbox"/> Multiple Exceptionalities (ME) | |

2. Will the student be identified (IPRC) later this school year? Yes

3. Do you wish this student discussed at a secondary placement meeting for other reasons? Yes

4. English as a Second Language - English Skills / Development (ESL-ELD)? Yes

SECTION C: TO BE COMPLETED BY THE STUDENT AND PARENT/GUARDIAN.

1. I request placement at the following Catholic Secondary School: _____
Chances for acceptance will increase by applying to the Catholic secondary school nearest to your elementary school. Code _____ School Name (See Reverse for Codes) _____

2. I will be applying for the Extended French Program Grade 9 French Immersion

3. At which level do you wish to take most of your courses? (Check one only) Academic Applied Locally Developed

4. If I cannot be placed in the school requested, I would be interested in being redirected, if space is still available, to: _____
Although every attempt will be made to place you at this school, we cannot offer any guarantees since demand for a particular school changes from year to year. Code _____ School Name (See Reverse for Codes) _____

5. If you are applying for a secondary school outside the Toronto Catholic District School Board, you must apply to that school on your own.
 I will be applying to a Public Secondary School I will be applying to a Private Secondary School Other reasons for not applying

_____ School Name _____ School Name

6. Indicate Special Programs/Schools for which you are applying. For example, JP - IB program or CC - Math, Science, Technology

_____ _____ _____
 School Program School Program School Program

7. A brother or sister who will be returning to the same TCDSB _____
 Secondary School you have chosen for September: Last Name First Name

WE UNDERSTAND and HAVE DISCUSSED OUR CHILD'S CHOICE and ARE IN AGREEMENT

This application must be returned to your child's school no later than the due date. Although every effort will be made to honour your choice, no guarantee can be given since the demand for a particular secondary school may change from year to year.

 Principal's Signature Parent/Guardian Signature Student's Signature Date