



- A. To be completed by parents/guardians.** (Print on the applicable lines) Telephone # for Contact \_\_\_\_\_
- I/we the parents/guardians, residing at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street Address) (City) (Postal Code)
- request the placement of \_\_\_\_\_ in \_\_\_\_\_ birthday of \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Name of student in full) (Grade) (Year/Month/Day)
- at \_\_\_\_\_. As of \_\_\_\_/\_\_\_\_/\_\_\_\_, for the following reason (check one only):  
(school) (Year/Month/Day)
- |  |   |
|--|---|
| <input type="checkbox"/> District arranged placement for program or capacity requirements. | <input type="checkbox"/> Before/after school childcare in the catchment area. |
| <input type="checkbox"/> Brother/sister of a student already enrolled in this school.      | <input type="checkbox"/> Parent/guardian request.                             |
- I/we have read this agreement and accept the conditions of registration and placement.
- |                                    |                                 |                  |
|------------------------------------|---------------------------------|------------------|
| _____                              | _____                           | ____/____/____   |
| (Print - Parent's/Guardian's Name) | (Parent's/Guardian's Signature) | (Year/Month/Day) |

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(School) (Principal's Name) (Principal's Signature) (Year/Month/Day)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(School) (Principal's Name) (Principal's Signature) (Year/Month/Day)