



Optional Attendance Form

Application for an **Elementary** program at a school outside the resident area

Date: _____

Name of Requested School: <input type="text"/>	Requested Start Date: _____
	For Grade : _____
Home or Sending School: <input type="text"/>	Does a sibling presently attend the requested school? <input type="radio"/> Yes <input type="radio"/> No
	If Yes: Name of Sibling _____

Parents please note: Transportation is not provided for Optional Attendance students

Applicant's Information:

Surname: _____ Given Names: _____ Birthdate: _____ (DD/MM/YY)

Student's Address: _____ Apt. # _____ Postal Code: _____

Telephone: _____ Present Grade/Class: _____ Student School I.D. Number: _____

Is the applicant under **Optional Attendance** at the present school? Yes No

Parent/Guardian Information:

Parent/Guardian's Name: _____ Business Phone Number: _____

Parent/Guardian's e-mail address (Print Clearly): _____

Child Care Information:

Will the child be attending Day Care? Yes No

Name of Day Care: _____ Telephone of Day Care: _____

Address of Day Care: _____

Schools and Programs Applied for under Optional Attendance:

Specialized Programs/ Schools	Regular Programs/ Schools
1. High Performer Program	1.
2.	2.

Conditions on the reverse of this form have been read and agreed to:

Parent/Guardian Typed **Signature**: _____

Current School Principal (or Designate) **Signature**: Not Required Date: _____

For Office Use Only: Requested School's Decision: Accepted Not Accepted

Signature of Requested School Principal: _____ Date: _____

Distribution: 1 copy: To Parent/Guardian when decision is made
1 copy: To TDSB Home or Sending School