



# Optional Attendance Form

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

Date: \_\_\_\_\_

<b>Name of Requested School:</b> <input type="text"/>	Requested Start Date: September 2022
<b>Current School:</b> <input type="text"/>	For Grade : _____
	Does a sibling presently attend the requested school? Yes <input type="checkbox"/> No <input type="checkbox"/>
	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: \_\_\_\_\_ 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. _____	1. _____
2. _____	2. _____

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

Parent/Guardian Signature: \_\_\_\_\_

Current School Principal (or Designate) Signature: \_\_\_\_\_ 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 Current TDSB School