



# THE DURHAM DISTRICT SCHOOL BOARD

400 Taunton Rd. E. Whitby, Ontario L1R 2K6 Telephone: (905)666-5500

## PERMISSION TO ENROL A RESIDENT INTERNAL STUDENT – SECONDARY

This is a NEW REQUEST [ ] - This is a RENEWAL [ ] No. of years at current school \_\_\_\_\_

Home School: \_\_\_\_\_

Principal of Home School: \_\_\_\_\_

### **PARENTS MUST INITIALLY DISCUSS THE REQUEST WITH THE PRINCIPAL OF THE HOME SCHOOL.**

(The 'home school' is defined as the school designated for student attendance by the Durham Board based on student address and school boundary.)

I hereby make application for the following student to attend: \_\_\_\_\_

in September 20\_\_\_\_ or February 20\_\_\_\_ or \_\_\_\_\_ 20\_\_\_\_ for the following reasons:  
MONTH YEAR (Receiving School Name)

(Attach a letter if more space is required)

Student's Name (Please print): \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_  
YEAR MONTH DAY

Present Grade: \_\_\_\_\_ Grade Applied For: \_\_\_\_\_ Elementary School if applying for grade 9: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name (Please print): \_\_\_\_\_

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

Student's Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Home School Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permission is granted, subject to the following conditions:

1. That there is space in the receiving school to accommodate the student. Students may be required to return to their home school at the end of the first week of classes due to insufficient room.
2. That transportation arrangements are the responsibility of the parent/guardian.
3. That this authorization expires at the END OF THE CURRENT SCHOOL YEAR and application for renewal must be made by the parent/guardian to the school Principal for the following year by March 15.
4. If approved, students must give up LOSSA eligibility to play sports for one year, pending appeal to LOSSA. (Grade 8 to 9 requests excluded)

SPECIAL CONDITIONS FOR RECOMMENDATION or REASONS FOR NOT RECOMMENDING: \_\_\_\_\_

[ ] Recommended by Receiving School

[ ] Approved by Superintendent of Education/

Area Administrative Officer

[ ] Not Recommended by Receiving School  
(reason for not recommending given above)

[ ] Not Approved by Superintendent of Education/

Area Administrative Officer

Signature - Administrator of Receiving School

Signature - Superintendent of Education/Area Administrative Officer

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

c.c.: Parent, Receiving School Principal, Home School Principal, Superintendent(s)