

Durham District School Board

400 Taunton Road East, Whitby, Ontario L1R 2K6 Phone: 905-666-5500; Toll Free: 1-800-265-3968

PERMISSION TO ENROL A RESIDENT INTERNAL STUDENT – ELEMENTARY

Type of request		
☐ This is a NEW REQUEST	☐ This is a RENEWAL	☐ Number of years at current school
RECEIVING SCHOOL		
Name of Receiving School Apply	ing to Attend:	
Principal of Receiving School:		
I hereby apply for the following	student (name) <u>:</u>	
to attend the above named scho	ool as an out of area student	as of (date):
for the following reasons (Attack	h letter if more space is requ	ired).
HOME SCHOOL (the home school DDSB based on student address		esignated for student attendance by the
Name of Home School:		
Principal of Home School:		
Student's Name:		
Student's Date of Birth:		
Telephone Number:		
Parent/Guardian Signature	Da	te

Permission is granted, subject to the following conditions:

- 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
- That transportation arrangements are the responsibility of the parent/guardian
- 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 15th
- STUDENTS MUST ATTEND THEIR SECONDARY HOME SCHOOL ACCORDING TO HOME ADDRESS FOR GRADE NINE

RECOMMENDATION

SPECIAL CONDITIONS FOR RECOMMENDATION OR REASONS FOR NOT RECOMMENDING

☐ Recommended by Receiving School
☐ Approved by Superintendent of Education/Area Education Officer
☐ Not Recommended by Receiving School (reason for not recommending given above)
☐ Not Approved by Superintendent of Education/Area Education Officer
Signature of Administrator (Receiving School):
Signature of Superintendent of Education/Area Education Officer:

Cc: Parent, Receiving School Principal, Home School Principal, Superintendent(s)