



Out of Boundary Request Form

Parent(s)/Guardian(s)	<input type="text"/>	Student Name	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
Postal Code	<input type="text"/>	Email Address	<input type="text"/>
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
School Currently Attending	<input type="text"/>	School Requesting	<input type="text"/>

Reason for your request: **(If you have moved to a new address within the last 6 months please include proof of residency.)**

Does your child have any special needs? Please explain.

Parent(s)/Guardian(s) Signature Date

Procedures

1. Complete this form and attach in an email to: denise_kimmerly@wecdsb.on.ca
- or -
2. Fax this form to Denise Kimmerly at the Catholic Education Centre Fax (519) 985-2913
- or -
3. Print and mail this form to: 1325 California, Windsor, Ontario, N9B 3Y6 Attention Denise Kimmerly

If you require further assistance, please contact Denise Kimmerly at 519-253-2481 ext. 1135

Office Use Only:

Approved Denied