



Out of Boundary Request Form

Student First Name	<input type="text"/>	School Currently Attending	<input type="text"/>
Student Last Name	<input type="text"/>	Other	<input type="text"/>
Address	<input type="text"/>	School Requesting	<input type="text"/>
City	<input type="text"/>		
Postal Code	<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? Yes No If yes, please explain.

Does your child require ESL? Yes No
If yes, what level of ESL ? A B C D

Parent(s)/Guardian Name	<input type="text"/>	Contact Phone	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

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: