

**NON-DISTRICT APPLICATION FORM  
for 2021/2022 School Year**

Completed application form is to be submitted to the Principal of the requested school on Monday, February 1, 2021 or shortly thereafter. Priority will be given to applications received prior to March 5. Decisions regarding approval of applications submitted by March 5 will be made as soon as possible after that date. Applications may be made at other times, however, decisions regarding approval of applications received after March 5 may not take place until after September 6.

- NOTE:**
1. A student may not register in a school until the application form is approved by the Superintendent of Schools or the Superintendent's delegate.
  2. To determine eligibility to attend a Delta school, please provide appropriate proof of status in Canada for both student and parent.
  3. *For Secondary Students: Approval of this application may affect your opportunity to compete on school sports teams.*

**Approval is subject to availability of space and a suitable program. Please complete all fields below:**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

MM / DD / YYYY

Student Gender:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ Alt. No. (\_\_\_\_\_) \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Address same as above  or: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ Alt. No. (\_\_\_\_\_) \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Sibling already in requested school? NO  YES  Name of Sibling: \_\_\_\_\_

Requesting French Immersion? NO  YES

**SPECIAL LEARNING NEEDS:** Are there any special learning needs or other services of which school personnel should be made aware, which would relate to the programming needs for your child?  YES  NO

If yes, please describe:

\_\_\_\_\_

School Student Presently Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

School Requested: \_\_\_\_\_ Grade: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

**Note:** *Students applying to Delta for the first time should attach a copy of their most recent Report Card.*

Signature of Parent: \_\_\_\_\_

**OFFICE USE ONLY:**

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

Signature of Principal

Approved by Superintendent of Schools  
(or Superintendent's delegate)