



Administrative Form 6010Fa

Application for Admission - Non – Resident

Administrative Procedures Cross Reference:

[Admission of Non-Resident Students](#)

Date Amended: December 2017

Important Instructions and Conditions:

1. Application will not be considered until all sections have been duly completed in full.
2. Distribution of this form is as follows:
One copy - to be sent to Brandon School Division, c/o Superintendents' Department
One copy – to be retained by Sponsoring Organization
3. Acceptance of non-resident students is contingent on availability or accommodation and, if applicable, acceptance of payment of non-resident or residual fees by sending division or authority.
4. Unacceptable behaviour or lack of effort will be sufficient cause for termination of non-resident privilege.
5. A transcript and the most recent report card must accompany this application.
Please note: Application for admission must be renewed each year and is not guaranteed through previous enrollment and attendance.

SECTION A – TO BE COMPLETED BY APPLICANT STUDENT, PARENT OR LEGAL GUARDIAN

School Requested: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Name of Student: _____ Birthdate: _____ / _____ / _____

Name of Parents: Father _____ Mother _____

Address of Parents: _____

Student's Brandon Address and Telephone # (if available): _____

Living With (name, relation): _____

Grade Level Requested: _____ School where standing obtained: _____

Sending school division or other responsible authority: _____

First Nation: _____ Treaty No. : _____

Tribal Council: _____

Address: _____

Authorized By Parent/Guardian:

Name (printed): _____ Signature: _____

SECTION B – GENERAL STUDENT INFORMATION

Last School Attended: _____

Contact Person: _____

Telephone #: _____

Address: _____

Current Grade Attended: _____

Grade Level Functioning (Check description that best applies):

_____ Meets _____ Exceeds _____ Below

Relevant Educational Programming Information:

Community supports provided to the child:

Areas of interest/strengths (e.g., hobbies, clubs, organizations, cultural interest):

Relevant Medical Information:

Additional Information and relevant life situation:

Please indicate any other information important to the education of this student.

SECTION C – TO BE COMPLETED BY AN AUTHORIZED OFFICER OF THE SENDING SCHOOL DIVISION/FUNDING AGENCY OR BAND

I the undersigned certify that:

1. I am the signing officer of the School Division / Funding Agency or Band.
2. The parent(s) or legal guardian of the applicant student resides within the responsibility of the School Division / Funding Agency or Band.
3. Payment of non-resident fees will be made upon receipt of your invoice.
4. The School Division / Funding Agency or Band accepts to pay residual costs of education, herein applied for the school year _____.

School Division / Funding Agency or Band

Date

Mailing Address

Authorized Signing Officer

Name:

Please Print

Telephone Number

Fax Number

Brandon Residence and House Parent Contact Information:

Name: _____

Address: _____

Telephone # (if available): _____

Band Education Counsellor and Contact Information:

Name: _____

Address: _____

Telephone # (if available): _____

SECTION D – RECEIVING PRINCIPAL’S RECOMMENDATION

That this request be accepted _____ or rejected _____ subject to agreement by the sending Division/Authority or Parent(s). The above applicant can be accommodated in the program requested.

Yes: _____ No: _____

Comments: _____

Date: _____

Principal’s Signature

School: _____

SECTION E - This application is accepted:

Date: _____

Superintendent/CEO or designate