



## 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