

**APPLICATION FOR NON-RESIDENT REGISTRATION
FOR THE _____ - _____ SCHOOL YEAR**

Date: _____

PARENTS' NAMES: _____

STUDENT NAME	D.O.B. (D/M/YR)	GRADE As of this Sept.	SCHOOL NOW ATTENDING	SCHOOL PREFERRED TO ATTEND:

Are any of the above students presently enrolled in a special program or requesting a special program?

MAILING ADDRESS: _____

STREET ADDRESS: _____

SUBDIVISION NAME: (if any) _____

LEGAL DESCRIPTION: SEC _____ TWP _____ RANGE _____ W _____

PHONE NUMBER: _____ RELIGION: Roman Catholic YES NO

Principal recommendation: YES NO Signature: _____

Comments: _____

OFFICE USE ONLY:

Resident District: _____

Date accepted: _____