OFFICE USE ONLY

Date Received:

This form is used to apply for District Choice Programs for students entering grades 1-7

(To apply for Kindergarten Choice Programs go to govsb.ca/kchoice)
Submit an application to each school to which you are applying by the end of January for grades 1-7

## **STUDENT INFORMATION (please PRINT)**

Legal Last Name:			Legal F	Legal First Name:					
Current School:			Curren	Current Grade:					
Catchment School:									
Birth Date (dd/mm/yy):			Person	Personal Education # (PEN):					
PARENT CONTACT INFORMATIO	N								
Parent/Guardian name(s):									
Address:									
Home Phone:		Mobile	Mobile Phone:						
Email Address (Please PRINT):									
DISTRICT CHOICE PROGRAMS:	(Please sel	ect ONE s	chool only	y for ea	ch appli	cation)			
Early French Immersion	Application to Grade: School:								
Late French Immersion (Grade 6)	Trafalgar		Laura Secord			Douglas			
Intensive French (Grade 6)	Brock		•						
Early Mandarin Bilingual (Norquay)	Grade	<u> </u>	2	3	<u> </u>	<u></u> 5	□ 6	7	
Mandarin Bilingual (Trudeau)	Grade	<u>4</u>	<u></u> 5	□ 6	7				
Montessori Program	Tyee Grade	<u></u> 1	☐ Maple	Grove	<u>4</u>	Rer	nfrew	7	
Nootka Fine Arts Program	Grade	1	2	3	<u>4</u>	<u></u> 5	□ 6	7	
Indigenous Focus (X'pey)	Grade	1	_2	<u></u> 3	<u> </u>	<u></u> 5	□ 6	7	
SIBLINGS* Is there a sibling who will be concurrently attending the District Choice Program to which you are applying?									
If yes, please provide Sibling Name: Sibling Birth Date (dd/mm/yy):									
*Sibling priority is applicable for initi Mandarin Bilingual, Grade 6 for Late							Program	s, Grade 4 for	
Please Note: -If there are more applicants than spaces, a child's place on the waitlistDistrict Choice Program waitlists dissolve or each school yearThe waitlists for grade 1 Early French Imme was submitted, with the exception of children	n June 30th of	the school year	ar for which t lingual dissol	he applica	ation was r	nade. A ne	ew applicat	tion must be submitted for	
I certify that the above information is correct understand that the provision of false informa- receiving schools may require additional pro-	ation may lead	to my child no	o longer bein						

Signature of Parent /Guardian: \_\_\_\_\_ Date: (dd/mm/yy):\_\_\_\_\_