

Request from a non-entitled parent / guardian wishing to have a child registered in a French first-language program

F225c

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		T MADE	rage 1 of 2	
CH	IILD:			
Na	me:	Date of birth:	•••••	
Pre	esent school:	Grade level:	•••••	
Address:				
School to attend:				
CA	TEGORIES:			
	 A child whose parents / guardians are Canadian citizens and whose grandparents (at least one) speak French (or spoke French while living), providing that the parents / guardians commit themselves to actively promote the French language during the child's school years. A child whose parents / guardians are not Canadian citizens, who speaks, reads and writes French 			
L.	according to the requirements of his or her so spoken.	hool grade and who lives in a house	where French is	
3.	A student participating in an international student exchange program, who speaks, reads and writes French according to the requirements of his or her school grade.			
4.	A child of a biological parent who is not an en who is an entitled person.		Canadian citizen	
Limitations applicable to Section B of the admission criteria for Acadian schools:				
1.	Each registration request will be considered a not create a precedence.	separately by a local admissions com-	mittee and must	
2.				
	A child in category 1 or 4 will be accepted in the Conseil scolaire acadien provincial. Beyo French first-language program if the child requirements of a child at the same grade level	nd grade primary, a child will only to s able to speak, read and write Front.	pe accepted in a ench as per the	
4.	Any child in category 1 or 4 whose parents language program and who has a brother or s admitted in a French first-language program i read and write French as per the expectations of	ister presently in an Anglophone school f the child in the Anglophone school of a child at this level.	ool may only be is able to speak,	
sco and	ereby request to have my child accepted in a Fr laire acadien provincial. I declare that the info precise and I agree to provide any other infor to follow a French first-language program as o	ench first-language program as offered rmation provided in the registration for mation that may be required as proof	d by the Conseil form is authentic that my child is	
Parent/guardian's signature:				
Dat				





Name of entitled grand-parent
Living ODeceased O (If living please complete the following)
Address: Telephone number:
If necessary, explanation:
In registering my child in a CSAP school, I agree to fully support and respect the policies and procedures of the Conseil scolaire acadien provincial and particularly the language policy.
Parent/guardian's signature

Copies : Parents Direction générale adjointe Dossier de l'élève