



ST. CLAIR CATHOLIC
DISTRICT SCHOOL BOARD

STATEMENT OF EXPECTATIONS FOR NON-CATHOLIC ELEMENTARY SCHOOL PARENTS

Name of Student

Name of Parent(s) or Guardian(s)

The St. Clair Catholic District School Board welcomes your interest in its school system. In order to be more fully informed of the Board's approach to the education of the children in its care, you are asked to review the following information.

This Statement of Expectations indicates the deep concern, which clergy, trustees, teachers and parents of the St. Clair Catholic District School Board hold for the spiritual growth of our children. Therefore, we expect that parents and their children who attend our schools will embrace the following expectations:

- To show respect and reverence toward the Religious Education Programs and practices within our schools.
- To participate in all aspects of the Religious Education and Family Life Programs, liturgies and celebrations during school hours with the exception of the reception of the sacraments for those students who are admitted as non-Catholics.
- To assume the responsibility to inform their children as to the reasons why they cannot receive the sacraments if they are non-Catholic.

If you wish to proceed with the registration of your child in one of our Roman Catholic Schools, you are asked to sign this statement to indicate you are aware of the Board's expectations.

The Application to Attend Catholic Schools for Non-Catholic, Public School Supporters, on the reverse of this form must be completed by the parent. The student registration is **not** complete until the application has been approved.

Signature of Parent/Guardian

Date



ST. CLAIR CATHOLIC
DISTRICT SCHOOL BOARD

**APPLICATION TO ATTEND CATHOLIC SCHOOLS
FOR NON-CATHOLIC, PUBLIC SCHOOL SUPPORTERS**

Name of School: _____

Parent/Guardian Name: _____ Date: _____

Address: _____
(Street / 911 Number)

(City and Postal Code) Phone: _____

I, _____ being a non-Catholic parent/guardian, make application to the
(Parent/Guardian Name)
St. Clair Catholic District School Board to have my child(ren) attend for the school year beginning _____.
(date)

	<u>Name of Child(ren) to be registered</u>	<u>For Grade</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

REASONS FOR APPLYING TO ATTEND A CATHOLIC SCHOOL MUST BE IDENTIFIED.

PLEASE NOTE: A student will not be registered until this application has been approved.

Date: _____ Signature of Parent/Guardian: _____

Date: _____ Signature of Principal: _____

For School Board Use Only

Approved Denied

Date: _____

Signature of Manager – Planning Services