**CHILD**

Name: Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present school: Grade level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

School to attend:

**Categories:**

1. 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.
2. A child whose parents/guardians are not Canadian citizens, who speaks, reads and writes French according to the requirements of his or her school grade and who lives in a house where French is spoken.
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 entitled parent and who is living with a Canadian citizen who is an entitled person.

**Limitations applicable to Section B of the admission criteria for Acadian schools:**

1. Each registration request will be considered separately by a local admissions committee and must not create precedence.
2. No registration, nor the total of registrations of children of non-entitled parents ought to infringe on the mission and Acadian character of the school.
3. A child in category 1 will be accepted in the grade primary French first-language program under the Conseil scolaire acadien provincial. Beyond grade primary, a child will only be accepted in a French first-language program if the child is able to speak, read and write French as per the requirements of a child at the same grade level.

I hereby request to have my child accepted in a French first-language program as offered by the Conseil scolaire acadien provincial. I declare that the information provided in the registration form is authentic and precise and I agree to provide any other information that may be required as proof that my child is able to follow a French first-language program as offered by the Conseil scolaire acadien provincial.

 x

Parent/guardian name (in print) Parent/guardian’s signature 

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Name of entitled grand-parent:

Living Deceased (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**](https://csap.ca/le-csap/politiques-directives-et-procedures) **of the Conseil scolaire acadien provincial and particularly the** [**language policy**](https://csap.ca/images/611_Politique_linguistique.pdf)**.**

x

Parent/guardian signature 

*Copies : Parents*

 *Direction régionale*

 *Dossier de l’élève*