



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

Form F501c

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.

Parent/guardian name (in print)

X _____
Parent/guardian's signature ☒

Date

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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 of the Conseil scolaire acadien provincial and particularly the language policy.

X _____

Parent/guardian signature ✍