

Used only when a family member has already been declared eligible by virtue of section 73, 76 or 86.1 of the Charter.

The information requested on this form is needed to determine whether a child is eligible to receive instruction in English, in accordance with the *Charter of the French language* and the applicable regulations. This information will be dealt with confidentiality, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*.

À L'USAGE DU MINISTÈRE

Date de réception

À L'USAGE DE L'ORGANISME SCOLAIRE

Code du bâtiment	Code de l'organisme	Code de l'école	Code permanent de l'élève
<input type="text"/>	<input type="text" value="888000"/>	<input type="text"/>	<input type="text"/>
Organisme scolaire	Date de la reproduction	Signature	
<input type="text" value="LESTER B. PEARSON SCHOOL BOARD"/>	<input type="text" value="A M J"/>	<input checked="" type="text" value="X"/>	

Section 1 – Request

School year for which this application is being filed:

-

I, the undersigned, request that

Child's last name	Child's first name
<input type="text"/>	<input type="text"/>

be declared eligible for instruction in English under the *Charter of the French language*. This request is based on the information provided on this form and in the attached documents. I understand that this information as well as the validity of my application may be subject to verification.

Applicant's last name	Applicant's first name
<input type="text"/>	<input type="text"/>

Applicant's capacity:

- Father - Holder of parental authority
 Mother - Holder of parental authority
 Other person having *de facto* custody of the child, as long as the holder of parental authority does not object.

Applicant's signature	Date
<input checked="" type="text" value="X"/>	<input type="text" value="Y M D"/>

Section 2 – Criteria

Give the name of the parent (the father or mother as it appears on the birth certificate) or the name of the brother or sister who has already been declared eligible.

Last name	First name
<input type="text"/>	<input type="text"/>

Date of birth	Permanent code	Relationship with child for whom the request is being filed:
<input type="text" value="Y M D"/>	<input type="text"/>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister