



**EARLY ADMISSION DEROGATION
PARENT REQUEST - 2024-2025 SCHOOL YEAR**

School Name

(Child's Family name and given names)

(Date of birth MM/DD/YYYY)

(Family name & given names of one parent or guardian)

(Address - Street)

(City and Province)

(E-mail address)

(Postal code)

(Phone # with area code)

TYPE OF REQUEST:

1: ☐
Preschool (Kindergarten)

2: ☐
Elementary School (Grade 1)

I will submit an Early Admission Assessment report, from a psychologist registered in Quebec, for consideration of this request.

(Parent Signature)

(Date)