



**Early French Immersion Registration Form  
September 2017**

Student's Name: \_\_\_\_\_

My child is going into:      Grade Primary                    Grade 1

Community School: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Number(s)/Email: \_\_\_\_\_

\_\_\_\_\_

Please choose one of the following statements:

- I wish to enroll my child in Early French Immersion regardless of the site within the PVEC feeder system. I understand it is my responsibility to provide transportation to the most convenient bus stop within the school's catchment area.
- I wish to enroll my child in Early French Immersion if the program is in our community school.
- Other: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***\*\*Please return this form by April 28, 2017 to the SSRSB,  
69 Wentzell Drive, Bridgewater, or by emailing it to [French@ssrsb.ca](mailto:French@ssrsb.ca).***