



**MACKAY CENTRE SCHOOL**  
**REVERSE INTEGRATION APPLICATION**

I am interested in having my son/daughter (full name) \_\_\_\_\_  
attend a year at Mackay Centre School in the Reverse Integration Program beginning in September 2016.

Date of Birth: \_\_\_\_\_ Age as of Sept. 30, 2016: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
(day/month/year)

Name of Parent or Legal Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name of Attending School or Daycare: \_\_\_\_\_

Present Grade: \_\_\_\_\_ School Telephone No.: \_\_\_\_\_

**Please answer all questions below. Feel free to use back of page if more space is needed.**

1. Why are you interested in having your child attend Mackay Centre School?
  
  
  
  
  
  
  
  
  
  
2. Has your child's school/daycare contacted you regarding your child's behaviour?  
yes \_\_\_\_\_ no \_\_\_\_\_ If yes, please give details.
  
  
  
  
  
  
  
  
  
  
3. Has any teacher expressed a concern regarding your child's academic performance?  
yes \_\_\_\_\_ no \_\_\_\_\_ If yes, please give details.
  
  
  
  
  
  
  
  
  
  
4. Has outside professional assessment or support (e.g. tutoring) been recommended or given?  
yes \_\_\_\_\_ no \_\_\_\_\_ If yes, please give details.

**IMPORTANT-PLEASE RETURN**  
**2 COPIES OF THIS COMPLETED APPLICATION FORM &**  
**2 COPIES OF YOUR CHILD'S MOST RECENT REPORT CARD**

to

**REVERSE INTEGRATION PROGRAM**  
**MACKAY CENTRE SCHOOL**  
**3500 DECARIE BLVD., MONTREAL, QUEBEC, H4A 3J5**

**Postmarked no later than February 12, 2016**