



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 August 2019.

Date of Birth: _____ Age as of Sept. 30, 2019: _____ Male: _____ Female: _____
(day/month/year)

Name of Parent(s) or Legal Guardian: _____

Address: _____

City: _____ Postal Code: _____

Telephone No.: Home: _____ Cell (mother): _____

E-mail (mother): _____ Work (mother): _____

E-mail (father): _____ Cell (father): _____

Work (father): _____

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
6333 rue de Terrebonne, Montreal, QC H4B 1A8

Postmarked no later than February 15, 2019