

MACKAY CENTRE SCHOOL  
REVERSE INTEGRATION APPLICATION  
**(from pre-k to grade 5)**

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 2020.**

Date of Birth: \_\_\_\_\_ Age as of Sept. 30, 2020: \_\_\_\_\_ 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 14, 2020**