

APPLICATION for DIRECTION OF SCHOOL SUPPORT

Assessment Act, R.S.O., 1980, chapter 31, section 15

To: The Regional Assessment Commissioner:

Grey-Bruce Region
900 10th Street W., Unit 2
Owen Sound, Ontario N4K 6V6

Roll #

County	Mun	Map/Div	Map/Sub	Parcel	Prim/Sub
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Former owner/Landlord's name _____

Please enter or revise my school support designation on the Assessment Roll in accordance with the following information:

Municipality	Property Location	Unit/Apt	Residence Telephone No.
Mailing Address - if different from above City Province Postal Code		Complete for rural areas only: Lot No.	Plan/Conc No.
Business Address - if self-employed or in partnership in business			Business Telephone No.
List other properties that you own or rent in the Municipality or Region			

The statistical information is essential and is required by the Provincial Government for new owners and tenants, new school registrations and changes of address.

For School Board Use Only	② Occupancy	③ Residency	④ School Support		⑤ French Language Education Rights	
	1 Owner	1 Live in the Unit described above?	Are you Roman Catholic? (See below)	Are you a Supporter/Elector for: P Public S Separate	Do you have the right to be French language elector for school board elections? (See below)	If yes, do you wish to vote for: F French Trustees E/A English Trustees
	2 Tenant	2 Live elsewhere in municipality?				
	3 Spouse	3 Live in another municipality?				
	4 Child, other	4 Live elsewhere on this property?				

① List all Residents/Owners/Tenants

Family Name _____ Given Name(s) _____	1 <input type="checkbox"/> O 2 <input type="checkbox"/> T 3 <input type="checkbox"/> S 4 <input type="checkbox"/> B	1 <input type="checkbox"/> U 2 <input type="checkbox"/> M 3 <input type="checkbox"/> N 4 <input type="checkbox"/> A	yes <input type="checkbox"/> no <input type="checkbox"/>	P <input type="checkbox"/> S <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	F <input type="checkbox"/> E/A <input type="checkbox"/>
Male <input type="checkbox"/> Birthdate: year/month _____ Canadian Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> Female <input type="checkbox"/> _____/_____ Yes <input type="checkbox"/> No <input type="checkbox"/>						

④ School Support

The option to be a separate school elector/supporter is available only to Roman Catholics (which includes Greek and Ukrainian Catholics in union with the See of Rome).
 The Education Act permits Roman Catholics who are owners or tenants of property located in a separate school zone to direct the education portion of their property tax to the Separate School Board if they so desire.
 Any Roman Catholic living in a separate school zone may be a separate school elector if he/she so desires.
Any queries on specific school support problems should be addressed to the Bruce-Grey Catholic District School Board at (519) 364-5820.

⑤ French Language Education Rights

In communities where school board operates both French and English schools, trustees will be elected to the school board to represent the minority language group (French or English). You have the right to vote for French language trustees if you are qualified to vote and can answer Yes to any one of these three questions.
 1. Is French the language you first learned and still understand?
 2. Did you receive your elementary school instruction in Canada in French?*

3. Have any of your children received, or are they now receiving elementary or secondary school instruction in Canada in French?*

* This does NOT include French Immersion or French as a second language.

Indicate (✓) area occupied:

Whole House
 Base Apt. If not whole house, indicate # of rooms:
 1st Floor _____
 2nd Floor _____
 3rd Floor _____

Owner of this property since

Month _____ Day _____ Year _____

Name of School Board / Agent
Bruce-Grey Catholic District School Board
799 - 16th Avenue, Hanover, Ontario N4N 3A1

Is hereby authorized to act as agent in matters of school support designation in respect to the above mentioned property(ies) on behalf of the undersigned.

Signature of Owner or Tenant _____	Date _____	Signature of Owner or Tenant _____	Date _____
This application is: <input type="checkbox"/> Approved <input type="checkbox"/> Refused		Signature of Assessment Commissioner _____	
		Date _____	