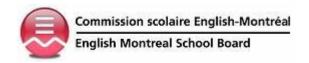


PLEASE PRINT

MACKAY CENTRE SCHOOL REVERSE INTEGRATION PROGRAM APPLICATION 2025-2026

Student Information:		
Date of Birth:(year/month/day)	Age as of Sept. 30, 2025:	Gender:
Name of Current School or Daycare: _		
Present Grade:		
Parent / Guardian Information:		
Name of Parent 1 or Legal Guardian 1: _		
Address:		
City:	Postal Code:	
Telephone No.: Home:	Cell (parent 1):	
E-mail (parent 1):	Work (parent 1):	
Name of Parent 2 or Legal Guardian 2: _		
Address:		
City:	Postal Code:	
Telephone No.: Home:	Cell (parent 2):	
E-mail (parent 2):	Work (parent 2):	
Please answer all the questions below	. Feel free to use back of page if mo	re space is needed
1. Why are you interested in having your	child attend Mackay Centre School?	



PLEASE PRINT

Has your child's school/daycare ever contacted you regarding your child's behaviour? yes no If yes, please give details.
Has any teacher expressed a concern regarding your child's academic performance? yes no If yes, please give details.
Has outside professional assessment or support (e.g. tutoring) been recommended or given? yes no If yes, please give details.

IMPORTANT PLEASE RETURN COMPLETED APPLICATION FORM & 1 COPY OF YOUR CHILD'S MOST RECENT REPORT CARD

To: mackay@emsb.qc.ca

Or by mail to:

REVERSE INTEGRATION PROGRAM
MACKAY CENTRE SCHOOL
6333 Terrebonne Avenue, Montreal H4B 1B7

Postmarked no later than February 24, 2025