



PLEASE PRINT

**MACKAY CENTRE SCHOOL
REVERSE INTEGRATION PROGRAM APPLICATION 2025-2026**

I am interested in having my child (full name) _____
attend a year at Mackay Centre School in the Reverse Integration Program beginning in
September 2025.

Student Information:

Date of Birth: _____ Age as of Sept. 30, 2025: _____ Gender: _____
(year/month/day)

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 more space is needed.

1. Why are you interested in having your child attend Mackay Centre School?





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2. Has your child's school/daycare ever 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 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