

School board

Division

THIS FORM IS APPLICABLE ONLY FOR CORRECTIONS
When moving, please complete an application for striking from the list and an application for entry

APPLICANT

A relative, the spouse or a person who cohabits with the person concerned

The person concerned (Go to the next section ▼)

Last name _____ First name _____

Number and street _____ Apartment _____

Municipality _____ Postal code _____ Telephone _____

INFORMATION ABOUT THE PERSON CONCERNED BY THE APPLICATION

Enter the information below as shown on the list of school electors (fill in all fields)

Last name _____

First name _____

Date of birth _____
YYYY MM DD

Gender
 Female Male

Number and street _____

Apartment _____

Postal code _____ Telephone (day) _____

Sector _____

Line number of elector appearing on the list of school electors _____

Enter below the correction to be made

Correction ▶ Last name _____

Correction ▶ First name _____

Correction ▶ Date of birth _____
YYYY MM DD

Correction ▶ Gender
 Female Male

Correction ▶ Number and street _____

Correction ▶ Apartment _____

Correction ▶ Status:
The elector has a child admitted in an institution of the school board Yes No

SWORN STATEMENT BY THE PERSON MAKING THE APPLICATION

I, the undersigned, swear under oath that, to my knowledge, the information provided herein is truthful.

Signed in _____ on _____
Municipality Date (YYYY-MM-DD) Signature

RECEIPT OF THE APPLICATION BY A DESIGNATED PERSON OR THE RETURNING OFFICER

First name and last name (please print) Signature Date (YYYY-MM-DD)

RESERVED FOR REVISORS

Revisors' decision and signatures (at least two (2) signatures are required):

Application accepted

Application refused ▶ Reason: _____

Date (YYYY-MM-DD) Revisor Revisor Revisor