

REQUEST FOR DEROGATION FORM

REQUEST FOR DEROGATION TO THE MINIMUM AGE OF ADMISSION TO KINDERGARTEN

Name of School:	[[
Date of Request:	

CHILD IDENTIFICATION

Please ensure that the child's name and date of birth are identical to the ones showing on his/her birth certificate.

Name of Child:				
Date of Birth:				
	DAY	MONTH	YEAR	
Name of Parents:	Parent 1:			
Name of Parents.	Parent 2:			
Address:				
Telephone Number:				
E-mail Address:				

The Derogation Committee
Pedagogical Services Department
239, montée Lesage, Rosemère, Qc J7A 4Y9

(450) 621-5600, ext. 1337

(450) 965-4208