

REQUEST FOR DEROGATION FORM

REQUEST FOR DEROGATION TO THE AGE OF ADMISSION TO KINDERGARTEN FOR 5-YEAR-OLDS

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

2450 621-5600, ext. 1337 ■ 450 965-4208

