

APPLICATION FOR DIRECTION OF SCHOOL SUPPORT

HOW TO...

WHY IS THE DIRECTION OF YOUR SCHOOL SUPPORT SO IMPORTANT?

VOTING RIGHTS

If you are Catholic and would like to vote for a trustee of the English Catholic school board, then you must be listed as an English Separate school supporter on the voters' list.

RECORD OF SUPPORT FOR CATHOLIC SCHOOLS

It is a public record for the Ministry of the breadth of support for Catholic schools. When you direct your support to the Catholic system, you are sending the government a powerful message. It is a way to communicate to the government that:

- ✓ you support Catholic schools in your community;
- ✓ you want to see Catholic schools continue to exist; and
- ✓ you want equitable resources for your Catholic schools.

TRUSTEE REPRESENTATION

It is used to determine the number of trustees to be elected to represent your interests.



**Make sure you are listed correctly.
It is your RIGHT!**

HOW TO COMPLETE THE APPLICATION FOR DIRECTION OF SCHOOL SUPPORT:

TOP SECTION: Please complete the following sections: Address of Property, Mailing address, List of other properties (if applicable)

SECTION A: RESIDENT: List ALL occupants including ALL children (not only those who are of school age).

SECTION B: OCCUPANCY STATUS: Enter the Occupancy Status (Owner/tenant/spouse/child and where each individual lives)

SECTION C: SCHOOL SUPPORT DESIGNATION: Enter the School Support information.

Please note that in order to register as an English Catholic school supporter, you must:

- 1) check the 'YES' box indicating that you are a Roman Catholic
AND
- 2) check the second box (2) in the last column indicating that you are a supporter / elector for English-Separate schools.

****If either you or your spouse is Catholic, and the other is not, you will be required to complete a Separate School Assessment Lease. Please see attached.**

SIGN THE FORM AT THE BOTTOM (Signature of owner or tenant).

Return the form to the School or Board Office.

*** IF YOU MOVE AT ANY TIME**, please request a new form from the school office as your school support does not automatically follow you. If you do not complete a new form, you will be designated as a Public school supporter as a default, as per the Assessment Act.

Northeastern Catholic District School Board



**Northeastern Catholic
District School Board**
www.ncdsb.on.ca

**101 Spruce St. North
Timmins, ON P4N 6M9
Tel: (705) 268-7443
1-877-422-9322**

HOW TO COMPLETE THE FORM:



MUNICIPAL PROPERTY ASSESSMENT CORPORATION

Application for Direction of School Support under section 16 of the Assessment Act Demande d'affectation des taxes scolaires en vertu de l'article 16 de la Loi sur l'évaluation foncière.

An application must be made to the Assessment Commissioner to include or revise school support on the assessment roll.

Pour ajouter ou modifier l'affectation des taxes scolaires sur le rôle d'évaluation, il faut soumettre une demande au commissaire à l'évaluation.

Instructions: see reverse side / voir au verso

Property Identifier / Identification de propriété

Units/Unités	City/Ville	Ward/Arr.	Block/Parcelle	Section/Parcelle	Parcel/Parcelle	Frontage/Profil
	00	00	000	000	00000	0000

Please enter or revise my school support designation on the assessment roll in accordance with the following information.
Veuillez inscrire ou modifier l'affectation de mes taxes scolaires sur le rôle d'évaluation selon les renseignements ci-dessus.

Municipality / Municipalité Timmins	Address of Property / Adresse de la propriété 101 Spruce St. N.	Unit/Unité / Logement / App.	Residence Tel. No. / N° de tél. (résidence) (705) 268-7443
Mailing Address - if different from above / Adresse postale - si autre que ci-dessus Street No./Rue, P.O. Box, RR# / N° et rue, C.P., R.R.		City / Ville Timmins, ON	Province/Province ON
Country/Pays Canada		Postal Code/Code postal P4N6M9	Complete for rural areas only / Remplir dans les cas des zones rurales seulement Lot No./M ² de lot Plan/Conté No. / N° de plan/conté.
Business Address - if self-employed or in partnership in business / Adresse commerciale - commerçant indépendant ou société de personnes			Business Tel. No. / N° de tél. (bureau)
List other properties that you own or rent in the Municipality or Region / Indiquez les autres propriétés que vous possédez ou louez dans la municipalité ou la région.			

Please Answer All Questions Below. / Veuillez répondre à toutes les questions ci-dessous.

A Resident (Please Print) Résident(e) (à V.P.) <small>List all occupants, including ALL children. Inscrivez le nom de tous les occupants, y compris TOUS les enfants</small>	B Occupants Status Statut de l'occupant(e)		C School Support (see instructions) Soutien scolaire (voir les instructions)			
	1 Owner Propriétaire	This person lives: Cette personne demeure:	Roman Catholic? catholique?	French-language Education Rights? Droits à l'enseignement en langue française?	Support/Elector for: Contribusif/Électeur des écoles:	
John Doe Last Name / Nom de famille: Doe First Name(s) / Prénom(s): John Male / Homme: <input checked="" type="checkbox"/> / Birth / Naissance: 1970 01 01 Female / Femme: <input type="checkbox"/> / Canadian Citizen / Citoyen canadien: <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. At above address à l'adresse indiquée ci-dessus: <input checked="" type="checkbox"/> 2. Elsewhere on this property ailleurs sur cette propriété: <input type="checkbox"/> 3. Elsewhere in this municipality ailleurs dans cette municipalité: <input type="checkbox"/> 4. In another municipality dans une autre municipalité: <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Jane Doe Last Name / Nom de famille: Doe First Name(s) / Prénom(s): Jane Male / Homme: <input type="checkbox"/> / Birth / Naissance: 1972 01 02 Female / Femme: <input checked="" type="checkbox"/> / Canadian Citizen / Citoyen canadien: <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Peter Doe Last Name / Nom de famille: Doe First Name(s) / Prénom(s): Peter Male / Homme: <input checked="" type="checkbox"/> / Birth / Naissance: 1998 01 03 Female / Femme: <input type="checkbox"/> / Canadian Citizen / Citoyen canadien: <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Jennifer Doe Last Name / Nom de famille: Doe First Name(s) / Prénom(s): Jennifer Male / Homme: <input type="checkbox"/> / Birth / Naissance: 2000 01 04 Female / Femme: <input checked="" type="checkbox"/> / Canadian Citizen / Citoyen canadien: <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
School lease in effect? / Prorogation scolaire agréée? <input type="checkbox"/> Indicate / Cocher: <input type="checkbox"/>	Indicate (✓) area occupied. / Cocher les parties occupées: Whole House / Maison entière: <input type="checkbox"/> Base. Apt. / App. au sol: <input type="checkbox"/> 1st Floor / 1er étage: <input type="checkbox"/> 2nd Floor / 2e étage: <input type="checkbox"/> 3rd Floor / 3e étage: <input type="checkbox"/>	Change or tenant of this property since / Propriétaire ou locataire de la propriété depuis: Year / Année: <input type="checkbox"/> / Month / Mois: <input type="checkbox"/> / Day / Jour: <input type="checkbox"/>				
Name of School Board / Agent / Nom du conseil scolaire/agent: Northeastern Catholic DSB		Is here (by authorized to act as agent in matters of school support designation in respect to the above mentioned property(ies) on behalf of the undersigned. / est autorisé par le présent à agir en tant qu'agent pour les questions relatives à l'affectation des taxes scolaires de ce qui concerne la(s) propriété(s) mentionnée(s) ci-dessus au nom de (de la) soussigné(e).				
Signature of Owner or Tenant / Signature du propriétaire/locataire: John Doe Date / Date: 20 12 2007	Signature of Owner or Tenant / Signature du propriétaire/locataire: Jane Doe Date / Date: 2007 10 30	Signature of Assessment Commissioner / Signature du commissaire à l'évaluation: _____ Date / Date: _____				