

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

Property Identifier/Identification de propriété						
NBHD	County	Mun	Map/Div	Map/Sub	Parcel	Prim/Sub

Please return this completed form and send to:
 Municipal Property Assessment Corporation, P.O. Box 9808, Toronto, ON, M1S 5T9
 Telephone 1-866-296-6722 or TTY 1-877-889-6722 Fax: 1-866-297-6703

Please enter or revise my school support designation on the assessment roll in accordance with the following information.

Municipality	Address of Property	Unit/Apt.	Residence Tel. No.
Mail Address – if different from above			Complete for rural areas only Lot No. Plan/Conc. No.
List other properties that you own or rent in the Municipality or Region			

Please Answer All Questions Below.			B Occupancy Status		C School Support (see instructions)		
			1. Owner 2. Tenant 3. Spouse 4. Child, Boarder, etc.	This person lives: 1. At above address 2. Elsewhere on this property 3. Elsewhere in this municipality 4. In another municipality	Roman Catholic?	French-language Education Rights?	Supporter/Elector for: 1. English-Public 2. English-Separate 3. French Public 4. French Separate
A Resident (Please Print) List all occupants, including ALL children							
Last Name First Name			1 <input type="checkbox"/>	1 <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	1 <input checked="" type="checkbox"/>
Male <input type="checkbox"/>	Birth/Naissance Year month day ____/____/____	CDN Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	2 <input type="checkbox"/>
Female <input type="checkbox"/>			3 <input type="checkbox"/>	3 <input type="checkbox"/>			3 <input type="checkbox"/>
			4 <input type="checkbox"/>	4 <input type="checkbox"/>			4 <input type="checkbox"/>
Last Name First Name			1 <input type="checkbox"/>	1 <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	1 <input checked="" type="checkbox"/>
Male <input type="checkbox"/>	Birth/Naissance Year month day ____/____/____	CDN Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	2 <input type="checkbox"/>
Female <input type="checkbox"/>			3 <input type="checkbox"/>	3 <input type="checkbox"/>			3 <input type="checkbox"/>
			4 <input type="checkbox"/>	4 <input type="checkbox"/>			4 <input type="checkbox"/>
Last Name First Name			1 <input type="checkbox"/>	1 <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	1 <input checked="" type="checkbox"/>
Male <input type="checkbox"/>	Birth/Naissance Year month day ____/____/____	CDN Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	2 <input type="checkbox"/>
Female <input type="checkbox"/>			3 <input type="checkbox"/>	3 <input type="checkbox"/>			3 <input type="checkbox"/>
			4 <input type="checkbox"/>	4 <input type="checkbox"/>			4 <input type="checkbox"/>
Last Name First Name			1 <input type="checkbox"/>	1 <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	1 <input checked="" type="checkbox"/>
Male <input type="checkbox"/>	Birth/Naissance Year month day ____/____/____	CDN Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	2 <input type="checkbox"/>
Female <input type="checkbox"/>			3 <input type="checkbox"/>	3 <input type="checkbox"/>			3 <input type="checkbox"/>
			4 <input type="checkbox"/>	4 <input type="checkbox"/>			4 <input type="checkbox"/>
Indicate area Occupied: Whole House Base Apt. 1 st Floor 2 nd Floor 3 rd Floor					Owner or tenant of this property since: Year month day ____/____/____		
Signature of Owner or Tenant			Year month day ____/____/____	Signature of Owner or Tenant			Year month day ____/____/____

INFORMATION ABOUT THIS APPLICATION

The Application for Direction of School Support form enables any person to apply to have their school support included or revised on the assessment roll by sending the completed form to the Regional Assessment Commissioner. The collection of the information on the form is authorized under the Assessment Act, and any personal information is confidential and protected under the Freedom of Information and Protection of Privacy Act.

The information will be used to direct your school taxes: to prepare voter's lists for municipal and school board elections; to help with municipal planning. Note: Tenants have the right to direct school taxes even though they may not pay taxes directly.

Included below are instructions to help you complete each section of the form. If you have any questions about the information requested on this form, please contact MPAC at 1-866-296-6722 or TTY 1-877-889-6722.

HOW TO COMPLETE THIS APPLICATION

A Resident

Every person in your household should be listed. Put the family name first, followed by given name(s). Owners or tenants are listed first, followed by spouses, all children, and other occupants.

B Occupancy Status

Is this person an owner, tenant, spouse, child, boarder or other resident?

C School Support

French-language rights

You have French-language education rights if you are a Canadian Citizen and can answer "yes" to any one of the follow questions:

1. Is French the language you first learned and still understand?
2. Did you receive your elementary school instruction in Canada in French? (**This does not include French Immersion or French as a Second Language.**)
3. Have any of your children received, or are they now receiving, elementary or secondary instruction in Canada in French? (**This does not include French Immersion or French as a Second Language.**)

Supporter/Elector For

Persons who are not Roman Catholic and do not have French-language education rights must be English-Public school supporters/electors.

Persons who are not Roman Catholic but do have French-language education rights must be either English Public or French Public school supporters/electors.

Roman Catholics who do not have French-language education rights must be either English-Public or English-Separate school supporters/electors.

Roman Catholics who have French-language education rights may choose to be a supporter/elector of one of the following: English Public, English Separate, French Public or French Separate.

If you do not make a direction in the support/elector section, it will be assumed that you are an English Public school supporter/elector.