

**TORONTO CATHOLIC DISTRICT SCHOOL BOARD**

## DELEGATION REGISTRATION FORM FOR STANDING OR OTHER COMMITTEES

**For Board Use Only**

Delegation No.



- ☐ Public Session  
☐ Private Session  
☐ Five (5) Minutes

PLEASE BE ADVISED THAT ALL STANDING COMMITTEE MEETINGS ARE BEING RECORDED

Name: James Medeiros

☐ Copy Provided

**Standing or Other Committee:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Corporate Affairs, Strategic Planning and Property | <input type="checkbox"/> SEAC          | <input checked="" type="checkbox"/> Student Achievement & Well-Being, Catholic Education, Human Resources |
| <input type="checkbox"/> Governance Framework                               | <input type="checkbox"/> Special Board | <input type="checkbox"/> Other  |

Date of Presentation: February 15, 2017

**Topic or Issue:** Transfer of my children from St. John Bosco Catholic School to St. Cecelia Catholic School.

Both my children were students at St. Cecelia, and last attended that school in the 2015-2017 academic year.

Now they attend St. John Bosco, and both are miserable at that school - so much so, that it's affected the health of my older son, Antonio.

**Details:** I believe that both have suffered academically, largely because the school has a disproportionate number of children with anger management issues (2 to 3 per class, using the Principal's words, though there are as many as 9 in Antonio's class). Both children have become despondent about school; and Antonio has said that he wishes he were dead; and at times, his behavior has become threatening to himself and others, and he is receiving counselling at CAMH.

**Action Requested:** I'm requesting that both my children be transferred back to St. Cecelia.

This online form is a duplicate of one I submitted last night (Feb 14, 2017).

*Check One Box*

- ☒ I am here as a delegation to speak only on my own behalf.
- ☐ I am an official representative of the Catholic School Parent Committee (CSPC).  
School \_\_\_\_\_ Position \_\_\_\_\_
- ☐ I am an official representative of student government.  
School \_\_\_\_\_ Position \_\_\_\_\_
- ☐ I am here as a spokesperson for another group or organization.  
Name of group \_\_\_\_\_

**Date:** February 14, 2017

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Postal Code: \_\_\_\_\_

e-mail \_\_\_\_\_

Please remember to save your completed form to your computer before submitting.

Please fax to Recording Secretary at 416 229 5353 or by email [delegations@tcdsb.org](mailto:delegations@tcdsb.org)