



## Cross Boundary Request Form

Please check one of the following:  Out-of-Catchment  Out-of-District

\* If Out-of-Catchment:  I have registered my child at their catchment school. Parent Initial: \_\_\_\_\_

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### SECTION A: To be completed by the parent or guardian.

Student Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Current School: \_\_\_\_\_  
Cross Boundary Requested School: \_\_\_\_\_  
Catchment Area School (by home address): \_\_\_\_\_  
Current Grade: \_\_\_\_\_ Grade for next September (September 20\_\_\_\_): \_\_\_\_\_

**Reason(s) for Cross Boundary:** (please check the appropriate box below and provide a brief explanation)

Educational Program  Medical Needs (includes social/emotional)  Family Grouping

\_\_\_\_\_  
\_\_\_\_\_  
**Parent Declaration:** I understand that transportation will not be provided by the School District for my child. I understand that, unless otherwise determined by the Director of Instruction, any transfers of out-of-catchment students will be processed after Labour Day of the next school year, and that catchment area students will have priority enrollment status at that school.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### SECTION B: To be completed by the catchment area/current school.

The student's file and MyEd profile have been checked for legal notes and court orders:  Yes  No

This request has been discussed with the parent(s)/guardian(s):  Yes  No

Catchment Area School Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### SECTION C: To be completed by the requested school.

Cross Boundary Requested School Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Once the requested school has signed and dated this form, please scan and send a copy to Kyla Sherman via Teams.

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**APPLICATIONS FOR SEPTEMBER PLACEMENT MUST BE RECEIVED BY MAY 31st.** (Applications may be made at other times under special circumstances.)