

Cross Boundary Application



Date: _____ Expects to be enrolling in Grade: _____ School Year: _____

Student's Legal Name: _____ Gender: _____ Birth Date: _____

Parent's/Guardian's Name: _____

Address: _____ Postal Code: _____

Phone Number: (home) _____ (work) _____

Request to attend: _____ Present School: _____ Catchment School: _____

SECTION A – Reason for request – to be completed by parent/guardian (use back if necessary)

Cross boundary applications should be submitted to neighbourhood school or cross boundary school by March 31st for transfer to the cross boundary school effective the following year. Cross boundary applications will be for a period of one year only.

Please note that it is the parent's responsibility to provide transportation if their child cross boundaries to a school other than their catchment school.

Parent's/Guardian's Signature: _____ Date: _____

SECTION B – to be completed by Cross Boundary school principal

Principal's Signature: _____ Application approved: Yes No

Cross Boundary Re-Approval ((For office use only)

Date	Principal's Signature	Approved
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No