## **Cross-Boundary Application Form**



**NOTE:** Cross boundary applications need to be submitted to your catchment school by March 31st for processing for the following year. Cross boundary applications will be valid for a period of one year only.

	Sect	i <b>on A</b> - To	be completed by Par	rent / Guardian		
Date:	Enrolling in Grade:		School Year:			
Student's Legal Name:	•		•			<del></del>
Gender:		Date of I	Birth:			
Parent / Guardian Nan	ne:					
Address:						
City:			Postal Code:			
Home #:		Cell #:	•		Other:	
Requesting to attend:		•			•	
Currently enrolled at:						
Catchment school:						
**Please note it is the pa than their catchment sch Parent / guardian sign	ature: Section B	- To be com	npleted by Cross Bou	ındary School Prir	Date:	nool other
Application Approved: Additional Notes:		No:	Principal Sign		alv.	
Date	Jection	Principal S		in for office use of	Approved	
Date		Timelpara			Yes / No	
					Yes / No	
			-		Yes / No	_
					Yes / No	
					Yes / No	

Form updated: January 22, 2018 by AZ