



Cross District Application

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

Section A - To be completed by Parent / Guardian			
Date:	Enrolling in Grade:	School Year:	
Student's Legal Name:			
Gender:	Date of Birth:		
Parent / Guardian Name:			
Address:			
City:		Postal Code:	
Home #:	Cell #:	Other:	
Requesting to attend:			
Currently enrolled at:			
Home District:			
Please use this section to provide a reason for your request. Use back if necessary.			
<i>**Please note it is the parent's / guardian's responsibility to provide transportation to a student who is attending a cross district school**</i>			
Parent / guardian signature:			Date:
Section B - To be completed by Cross District School Principal			
Application Approved:	Yes:	No:	Principal Signature:
Additional Notes:			
Section C - Cross District Re- Approval for office use only			
Date	Principal Signature	Approved	
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	