

Board of Education of School District No. 64 Cross-Boundary Request Form

On-time Application Deadline: February 15th * (*Late applications will be considered after the first week of September, space permitting)

SECTION A - to be completed by the Parent or Guardian Current School: ___ Current School District: Student Legal Name: ______Last Name Middle Name Date of Birth (MMM DD YYYY): _____ Expects to be enrolling in Grade (K-12): _____ Neighbourhood School: _____ Requested School: _____ Reason for Request: _____ ☐ Have siblings that currently attend the requested school. Parent/Guardian Legal Name: _____ Phone Number: _____ ☐ I have registered the child with the neighbourhood school. ☐ I have read and understand Residential Catchment Areas Policy 3.20 and AP A5. ☐ I understand that transportation for non-neighbourhood schools is not guaranteed. Parent Signature: _____ Parent - Please take this form to the principal of your neighbourhood school. **SECTION B** - Neighbourhood School - Principal Acknowledgment Principal's Signature Parent - Please take this form to the principal of your requested school. **SECTION C** - Requested School - Principal Approval Date Received: ☐ Approved ☐ Pending □ Denied (reference AP A5 Residential Catchment Areas) Principal's Signature

Appendix to AP A5 Updated: October 2024