GULF ISLANDS SCHOOL DISTRICT 64

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 for **all** requests (new and returning)

Student Legal Name: _____
Last Name First Name Middle Name

Current School: _____ Returning student request ☐ *or* New request ☐

By signing below, I acknowledge that I have read AP A5 Student Registration and Placement, and understand that transportation for non-neighbourhood schools is not guaranteed.

Parent Signature: _____ Date: _____

Parent – If this request is for a returning student, do not complete section B. Take/email this signed form to the office of your requested school (section D). Note: the application deadline still applies for returning students.

SECTION B – to be completed by the Parent or Guardian for **new** requests only

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: _____

Email: _____ Phone Number: _____

Parent – Please take/email this form to the office of your neighbourhood school.

SECTION C – Neighbourhood School - Principal Acknowledgment

_____ Date: _____
Principal's Signature

Parent – Once Section C is signed, please take/email this form to the office of your requested school.

SECTION D – Requested School - Principal Approval

Date Received: _____ ☐ Approved ☐ Pending ☐ Denied

Rationale: _____
(reference AP A5 Residential Catchment Areas)

_____ Date: _____
Principal's Signature