

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

Updated: October 2024

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

SECTION A - to be complete	ed by the Parent or	Guardian			
Current School District:		Current Scho	Current School:		
Student Legal Name:					
<u> </u>	Last Name		Name	Middle Name	
Date of Birth (MMM DD YYY	Y):	Expects to be	Expects to be enrolling in Grade (K-12):		
Neighbourhood School:					
Requested School:					
Reason for Request:					
☐ Have siblings that current	ly attend the reques	sted school.			
Parent/Guardian Legal Nam	ıe:				
Email:		Phor	ne Number:		
☐ I have read and	l understand Resider at transportation for	neighbourhood scho ential Catchment Area r non-neighbourhood	as Policy 3.20 and d schools is not g		
Parent - Please take this form	m to the principal o	f your neighbourhoo	d school.		
SECTION B - Neighbourhoo	od School - Principa	   Acknowledgment			
		Date	et		
Principal's Signature					
Parent – Please take this form	m to the principal o.	fyour requested scho	ool.		
SECTION C - Requested Sch	nool - Principal App	roval			
Date Received:		_ □ Approved	□ Pending	□ Denied	
	DAF Davidantial Ca	·			
(reierence A	AP A5 Residential Ca	tchment Areas)			
Principal's Signature	Date:				
rincipal's signature					