

## School District No. 64 (Gulf Islands) CROSS-BOUNDARY REQUEST FORM

Deadline: February 15\*

## (\*Late applications will be considered after the first week of September, space permitting)

<b>SECTION A</b> - to be completed by the Parent or Guard	ian			
Current School District:	Current School:			
Student Legal Name:Last Name	First Name	Middle	e Name	
Date of Birth (MMM DD YYYY):		Expects to be enrolling in grade (K-12):		
Neighbourhood School:				
Requested School:				
Reason for Request:				
$\square$ Have siblings that currently attend the requested sc	hool.			
Parent/Guardian Legal Name:				
Email:	_ Phone Numb	er:		
<ul><li>☐ I have registered the child with the neighbor</li><li>☐ I have read and understand the Policy &amp; Pro</li><li>☐ I understand that transportation for non-neighbor</li></ul>	ocedure 525 Residentia			
Parent Signature:				
Parent - Please take this form to the principal of your	neighbourhood school	<i>!</i> .		
SECTION B - Neighbourhood School Principal				
Principal's Signature	_ Date:			
- Timespar o orginataro				
Parent - Please take this form to the principal of your	requested school.			
SECTION C - Requested School Principal Approval				
Date Received:	_	□ Pending	□ Denied	
Reasoning: (reference to Procedure 525)				
(reterence to Procedure 525)				
	Date:			
Principal's Signature				