CROSS BOUNDARY REQUEST FORM

REFERENCE: POLICIES AND PROCEDURES 530 AND 700
(http://sd64.bc.ca/district/policies-and-procedures/)

THIS FORM MUST BE SUBMITTED NO LATER THAN MARCH 15 (OF EVERY CALENDAR YEAR).

Transportation is the responsibility of the parent. In some cases, it may be possible to provide bus and/or water taxi service but such service is as a courtesy rider and available only when there is space as determined by the school district.

RECEIVED AT THE SCHOOL BOARD OFFICE
Returning Student ☐  New Student ☐

Date: ___________________  Time: ___________________

SCHOOL HISTORY

Current School ___________________________  Grade at time of request __________________
School Requested ___________________________  (Grades K – 12 or Pre K)
Catchment Area School ___________________________

Reason for this Cross Boundary Request (if moving, please attach proof of new address)
☐ sibling attends school  ☐ moving to catchment area
☐ work near school  ☐ friends attend school
☐ other

Sibling attending requested school? ☐ Yes ☐ No
Name __________________  School __________________  Current Grade ____________

STUDENT INFORMATION

Gender  Male ☐  Female ☐
Birth Date  Day _______  Month _______  Year _______
Legal Last Name __________________  Preferred Last Name (if different) __________________
Legal First Name __________________  Preferred First Name (if different) __________________
Street Address ____________________________________________

PARENT(S) / GUARDIAN(S) INFORMATION

Parent / Guardian Last Name __________________  Parent / Guardian First Name __________________
Relationship __________________
Parent / Guardian living with student?  Yes ☐  No ☐
Legal Parent / Guardian?  Yes ☐  No ☐
Address ____________________________________________
City / Postal Code ____________
Home Phone __________________  Cell __________________
Work Phone __________________  Ext. # __________________
E-mail __________________

For Separated / Divorced parents:  Custody:  Joint ☐  Sole ☐  Guardianship:  Joint ☐  Sole ☐

PARENT / GUARDIAN APPLICATION SIGNATURE

By signing this Cross Boundary Request Form, I attest that I am the legal parent ☐ OR legal guardian ☐ of the above student.
I have read and understand the procedures and conditions available on the district website.

Legal Parent / Legal Guardian Name (Please Print) ____________________________
Date ____________________________  Signature ____________________________

PARENTS MUST FIRST GET SIGNATURES FROM BOTH PRINCIPALS BEFORE SUBMITTING FORM TO THE SCHOOL BOARD OFFICE FOR DISTRICT DECISION / APPROVAL SIGNATURE.

PRINCIPAL SIGNATURE (HOME SCHOOL) ____________________________  DATE ____________
PRINCIPAL SIGNATURE (OUT-OF-CATCHMENT SCHOOL) ____________________________  DATE ____________

SCHOOL BOARD OFFICE USE ONLY
DISTRICT DECISION / APPROVAL ____________________________  DATE ____________

Revised: August 24, 2016