



## Cross Boundary Application

**NOTE:** Cross boundary applications need to be submitted to your catchment school by March 31st for processing for the following year. Cross boundary applications will be valid for a period of one year only.

<b>Section A</b> - To be completed by Parent / Guardian			
Date:	Enrolling in Grade:	School Year:	
Student's Legal Name:			
Gender:	Date of Birth:		
Parent / Guardian Name:			
Address:			
City:		Postal Code:	
Home #:	Cell #:	Other:	
Requesting to attend:			
Currently enrolled at:			
Catchment school:			
Please use this section to provide a reason for your request. Use back if necessary.			
**Please note it is the parent's / guardian's responsibility to provide transportation to a student who is attending a school other than their catchment school.**			
Parent / guardian signature:			Date:
<b>Section B</b> - To be completed by Cross Boundary School Principal			
Application Approved:	Yes:	No:	Principal Signature:
Additional Notes:			
<b>Section C</b> - Cross Boundary Re- Approval for office use only			
Date	Principal Signature		Approved
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No