

OUT-OF-ZONE FORM

SCHOOL YEAR 20__ - 20__



COMMISSION SCOLAIRE SIR-WILFRID-LAURIER
SIR WILFRID LAURIER SCHOOL BOARD

Parents may choose to send their child(ren) to an out of zone school knowing that this is an annual process and that transportation is their responsibility. A decision based on the enrollment criteria will be rendered on or before May 31st of each year. If the first request is refused, parents may request a second review which will be conducted on or before the third week of August.

Applications will be processed by School Organization and Transportation services in accordance with the Enrollment Criteria ratified by the Council of Commissioners.

IDENTIFICATION OF STUDENT		LEVEL:
STUDENT'S LAST NAME		STUDENT'S FIRST NAME
ID. No.	PERMANENT CODE	SCHOOL
ADDRESS		
CIVIC NUMBER, STREET, CITY, POSTAL CODE, TELEPHONE NUMBER		
REQUESTED SCHOOL		
CURRENT SCHOOL	ZONED SCHOOL for 20__ - 20__	REQUESTED SCHOOL for 20__ - 20__
Sibling(s) attending requested school: YES () Name of sibling (s) : _____ grade level _____ NO () : _____ grade level _____		
REASON(S): _____ _____ _____ _____		
I attest that all the information is accurate. If my application is accepted, I recognize that transportation will be my responsibility.		
Parent / Guardian Name (please print)	Parent / Guardian Signature	Date
FOR School Organization Department USE ONLY		ACCEPTED () DENIED ()
Date received: _____		Date: _____ By: _____
By: _____ GPI ()		LETTER () EMAIL SCHOOLS () GPI ()