



OUT-OF-ZONE REQUEST FORM

20__ - 20__ SCHOOL YEAR

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 enrolment 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 are processed by the School Affairs and School Organization Department in accordance with the Enrolment Criteria policy ratified by the Council of Commissioners.

Please fill out the form below and send to your zoned school.

IDENTIFICATION OF STUDENT				GRADE LEVEL				
STUDENT'S LAST NAME				STUDENT'S FIRST NAME				
ID NUMBER		PERMANENT CODE		SCHOOL				
ADDRESS								
CIVIC NUMBER, STREET, CITY, POSTAL CODE, TELEPHONE NUMBER								
ZONED SCHOOL								
REQUESTED SCHOOL								
Sibling(s) attending requested school			YES		NO			
Name of sibling(s):						Grade level		
						Grade level		
REASON FOR OUT-OF-ZONE REQUEST								
I attest that this 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 THE USE OF THE SCHOOL AFFAIRS AND SCHOOL ORGANIZATION DEPARTMENT								
Date received:				ACCEPTED <input type="checkbox"/>		DENIED <input type="checkbox"/>		
By:								
GPI: <input type="checkbox"/>		Date:				By:		
				LETTER <input type="checkbox"/>		EMAIL SCHOOLS <input type="checkbox"/>		
						GPI <input type="checkbox"/>		