



**FORM 300-1**

**CROSS BOUNDARY REQUEST – ELEMENTARY/MIDDLE SCHOOLS**

Please check one of the following:  Out-of-Catchment  Out-of-District

\*If Out-of-Catchment:  I have registered my child at their catchment Parent Initial: \_\_\_\_\_

**SECTION A: To be completed by the parent or guardian.**

Student Name: \_\_\_\_\_ Date of Birth(mm/dd/yy): \_\_\_\_\_

Home Address: \_\_\_\_\_

Current School: \_\_\_\_\_

Cross Boundary Requested School: \_\_\_\_\_

Catchment Area School (by home address): \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade for next September (September 20\_\_\_\_): \_\_\_\_\_

**Reason(s) for Cross Boundary:** *(please check the appropriate box below and provide a brief explanation)*

- Educational Program  Medical Needs (includes social/emotional)  Family Grouping

**Parent Declaration:** I understand that transportation will not be provided by the School District for my child. I understand that, unless otherwise determined by the Director of Instruction, any transfers of out-of-catchment students will be processed after Labour Day of the next school year, and that catchment area students will have priority enrollment status at that school.

Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SECTION B: To be completed by the catchment area/current school.**

The student's file and MyEd profile have been checked for legal notes and court orders:  Yes  No

This request has been discussed with the parent(s)/guardian(s):  Yes  No

Catchment Area School Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C: To be completed by the requested school.**

Cross Boundary Requested School Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Once the requested school has signed and dated this form, please scan and send a copy to Kyla Sherman via Teams.**

APPLICATIONS FOR SEPTEMBER PLACEMENT MUST BE RECEIVED BY MAY 31st.  
(Applications may be made at other times under special circumstances.)