



# Application for Cross Catchment Transfer or Confirmation of Sibling Status for Sept. 2023

## CAMPBELL RIVER

School District 72

Complete this form to request a change of your child's school for the upcoming school year. Email to [student.registration@sd72.bc.ca](mailto:student.registration@sd72.bc.ca) or drop off at your child's school by the end of February.

Late applications will be accepted by the second Friday in May. **Criteria or Approval** is based on space/facilities or program and staffing resources appropriate for the applicant. Applications will be considered based on date and time received. **Parents are responsible for providing transportation to and from the school they are applying to in accordance with operational procedure 380 (Student Transportation).** Applications will only be accepted starting in February.

### Student Information - please print

Date of Form Completion: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Legal Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student Number/PEN: \_\_\_\_\_

Student's Expected Grade Level in September: \_\_\_\_\_ Name of School Student is Presently Attending: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_ Name of Parent/Guardian at this Number: \_\_\_\_\_

**You must complete Part A Confirmation of Sibling Status or Part B Cross Catchment Request.**

#### Part A: Confirmation of Sibling Status

Note: siblings of students in attendance at a school are considered a catchment area child at that school. If this applies to you, and you would like your child to attend the same school as their sibling, please provide the following information:

Indicate School Assigned: \_\_\_\_\_ School Sibling(s) Attends: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_  
Last Name First Name

Sibling's Birthdate: \_\_\_\_\_ Sibling's Grade for Next School Year: \_\_\_\_\_

#### Part B: Cross Catchment Request

Indicate School Assigned: \_\_\_\_\_ Name of School Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

### Parent/Guardian Information - please print

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

#### District Office Use Only:

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Superintendent's Signature: \_\_\_\_\_

I confirm that the information given on this form is true, complete and accurate.

To submit your registration, save a copy of your completed form and email it to [student.registration@sd72.bc.ca](mailto:student.registration@sd72.bc.ca)