

Application for Cross Catchment Transfer for September

Complete the form below to request a change of your child's school for the upcoming school year. Email to student.registration@sd72.bc.ca or drop off at your child's school. Forms received after the fourth Friday in February will be considered late applications. Approval is based on space/facilities or program <u>and</u> 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).

Student Information - please prin	nt	Date Form Received:	
Name:			
		First Name	Middle Name
Legal Gender: Date of B	intn:	Student Number/PEN:	
Student's Expected Grade Level in Septer	nber:	Name of School Student is Presently Atten	ding:
Home Address:			
City:	_ Postal Code:	Home Phone Number:	
Alternate Phone Number:	Name o	of Parent/Guardian at this Number:	
You must complete Part A <u>or</u> Part B.			
Part A: Confirmation of Sibling Status Note: siblings of students in attendance at would like your child to attend the same so		ered a catchment area child at that school. , please provide the following information:	If this applies to you, and you
ndicate School Assigned:		School Sibling(s) Attends:	
Sibling's Name:			
	ast Name	First Name	e
Sibling's Birthdate:	Sibling's Grade for Next School Year:		
Part B: Cross Catchment Request			
ndicate School Assigned:		Name of School Requested:	
Reason for Request:			
Parent/Guardian Information - pl	ease print		
Name:		Signature:	
Email:		Date:	
Name:		Signature:	
Email:		Date:	
I confirm that the information given on this	,		

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