



CROSS BOUNDARY REQUEST FORM

REFERENCE: POLICIES AND PROCEDURES 530 AND 700

(<http://sd64.bc.ca/district/policies-and-procedures/>)

BOARD OF EDUCATION

SCHOOL DISTRICT NO. 64 (GULF ISLANDS)

112 RAINBOW ROAD, SALT SPRING ISLAND, BC V8K 2K3

TELEPHONE {250} 537-5548 OR {855}481-5548 FAX {250} 537-4200

THIS FORM MUST BE SUBMITTED NO LATER THAN MARCH 15 (OF EVERY CALENDAR YEAR).

Transportation is the responsibility of the parent. In some cases, it may be possible to provide bus and/or water taxi service but such service is as a courtesy rider and available only when there is space as determined by the school district.

RECEIVED AT THE SCHOOL BOARD OFFICE

Returning Student New Student

Date: _____

Time: _____

SCHOOL HISTORY

Current School _____ Grade at time of request _____

School Requested _____ (Grades K – 12 or Pre K)

Catchment Area School _____

Reason for this Cross Boundary Request (if moving, please attach proof of new address)

- sibling attends school
- moving to catchment area
- work near school
- friends attend school
- other

Sibling attending requested school?	Name	School	Current Grade
-------------------------------------	------	--------	---------------

STUDENT INFORMATION

Gender Male Female Birth Date Day _____ Month _____ Year _____

Legal Last Name _____ Preferred Last Name (if different) _____

Legal First Name _____ Preferred First Name (if different) _____

Street Address _____

PARENT(S) / GUARDIAN(S) INFORMATION

Parent / Guardian Last Name _____ Parent / Guardian First Name _____

Relationship _____

Parent / Guardian living with student? Yes No Legal Parent / Guardian? Yes No

Address _____

City / Postal Code _____

Home Phone _____

Cell _____

Work Phone _____

Ext. # _____

E-mail _____

For Separated / Divorced parents: Custody: Joint Sole Guardianship: Joint Sole

PARENT / GUARDIAN APPLICATION SIGNATURE

By signing this Cross Boundary Request Form, I attest that I am the legal parent OR legal guardian of the above student. I have read and understand the procedures and conditions available on the district website.

Legal Parent / Legal Guardian Name (Please Print) _____

Date _____ Signature _____

PARENTS MUST FIRST GET SIGNATURES FROM BOTH PRINCIPALS BEFORE SUBMITTING FORM TO THE SCHOOL BOARD OFFICE FOR DISTRICT DECISION / APPROVAL SIGNATURE.

PRINCIPAL SIGNATURE (HOME SCHOOL) _____ DATE _____

PRINCIPAL SIGNATURE (OUT-OF-CATCHMENT SCHOOL) _____ DATE _____

SCHOOL BOARD OFFICE USE ONLY

DISTRICT DECISION / APPROVAL _____ DATE _____