

# CROSS-BOUNDARY TRANSFER REQUEST

Student Name: \_\_\_\_\_ Catchment Area: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Student's Age: \_\_\_\_\_

I wish my child to attend Grade \_\_\_\_\_ at \_\_\_\_\_ School for the \_\_\_\_\_ school year.

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Principal  
**Catchment Area School**  
(indicates awareness of request)

### For Board Office Use:

Date received: \_\_\_\_\_

School assigned: \_\_\_\_\_

Time: \_\_\_\_\_

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

By: \_\_\_\_\_

Approved by: \_\_\_\_\_

Subject to section 5, District Practice 2100