Elementary Out of District Attendance Application Form

To be completed by parent or guardian and submitted to the appropriate Superintendent by **the first day of school** of the current school year.

Student Name

Date of Birth

Full Address

City

Postal Code

Telephone

Parent(s)/Guardian(s) name

Email address

Home School by Residence

Current Grade

Requested School

Is your child currently in a special education classroom (e.g. RISE or GAINS classroom)? Yes ☐ No ☐

Does your child receive special education supports (e.g. Learning Support)? Yes ☐ No ☐

Is your child currently supported by support staff (e.g. an EA or DSW)? Yes ☐ No ☐

Reason for Request

☐ I understand that transportation will not be provided by the Board and will be the responsibility of the parent/guardian.

Parent/Guardian Signature

Please email the completed form to Christine Breshamer at christine.breshamer@publicboard.ca