

# IN-DIVISION OUT OF DESIGNATED SCHOOL BOUNDARY

Complete Legal

Name of Student: \_\_\_\_\_  
SURNAME, GIVEN NAMES (IN FULL)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Current Grade Level: \_\_\_\_\_  
DAY MONTH YEAR

NAME OF PROGRAM	English K-12	French Immersion K-12	German Bilingual K-6	Ukrainian Bilingual K-8	Technology Ed. 9-12	Other (PLEASE SPECIFY)
Current Program (Check One)						
Program Applied For (Check One)						

School Currently Attended: \_\_\_\_\_

Designated School: \_\_\_\_\_

School of Choice: \_\_\_\_\_

School Year Being Applied for: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Address/Location: (select one)

- Same as Mailing Address
- Street Address: \_\_\_\_\_
- Legal Description of Rural Property: \_\_\_\_\_

Work Telephone No: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_

**I understand that the school division does not provide transportation to schools of choice students.**

\_\_\_\_\_  
 Signature of Custodial Parent/Legal Guardian  
 Or Student (if over 18 years)

**DELIVER THIS FORM ALONG WITH THE REGISTRATION FORM TO THE DESIGNATED SCHOOL. APPLICATIONS WILL NOT BE ACCEPTED PRIOR TO THE FIRST MONDAY IN MARCH.**

## TO BE COMPLETED BY DESIGNATED SCHOOL

Proof of Residency Verified  
 Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_

## TO BE COMPLETED BY SCHOOL OF CHOICE

Recommendation to Accept:  Yes  No Superintendent's Approval  Yes  No

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

\_\_\_\_\_  
 Signature of Principal

\_\_\_\_\_  
 Signature of Superintendent