

## SCHOOL DISTRICT 69 (QUALICUM) **APPLICATION FOR CROSS-BOUNDARY ENROLLMENT**

**OFFICE USE ONLY Date Application is received** at Catchment School:

DAY / MONTH / YEAR

Generally, students will attend schools within their catchment area based on the parent's/guardian's residence. In some circumstances crossing of catchment areas may be permitted upon request.

If the student is new to our district they MUST first be registered at their catchment area school.

Cross-boundary applications for the following school year are to be submitted beginning Monday, January 23, 2023 to Wednesday, March 15, 2023. Applications received after the Friday prior to Spring Break will be considered 'late' applications and will be considered on a case by case basis.

Please note that you may not be advised whether or not your cross boundary application has been approved until late August or early September.

## **INSTRUCTIONS**

- Please review the information regarding cross-boundary application and enrollment process on the <u>SD69 Cross Boundary</u> page.
- Complete a separate cross-boundary application form for each child.
- Application can be submitted via email to xboundary@sd69.bc.ca or a hard copy can be completed at your child's school to provide to the Board Office.

## **ENROLLMENT PRIORITIES FOR CROSS-BOUNDARY APPLICANTS ARE DETERMINED BY SUPERINTENDENT OR DESIGNATE**

Subject to the availability of physical space, resources, staffing and/or educational programs available or planned as defined by the District.

Please check the box(es) below that pertains to your reason for Cross-boundary Application:				
☐ SIBLING(S) OF CONTINUING NON-CATCHMENT STUDENT(S):				
Does the cross-boundary applicant have a sibling who has been previously approved as a cross-boundary student at the requested school and who will be concurrently attending the regular program at the same school?				
	YES	concurrently attending the regular	r program at the same school?	
	If 'YES', please provide the name a			
		=	Pirthdata: Click or tan to ontor a data	
	Last Name: Click or tap here to enter text.	to enter text.	Birthdate: Click or tap to enter a date.	
		to enter text.		
□ NON-CATCHMENT STUDENT(S)  Briefly outline reason for request: Click or tap here to enter text.				
	·	·		
□ NON-DISTRICT STUDENT(S) (e.g.: student living in neighbouring school district)  Briefly outline reason for request: Click or tap here to enter text.				
BACKGROUND INFORMATION:				
School Re	equested: Choose an item.	For Grade: Click or tap l	nere to enter text.	
Current School: Choose an item. Current Grade: Click or tap here to enter text. Catchment School (if different): Choose an item.				
Student's Legal Last Name: Click or tap here to enter text.				
Student's	Legal Given Name(s): Click or tap	here to enter text.	Birthdate: Click or tap to enter a date.	
Student's Primary Place of Residence (Street Address): Click or tap here to enter text.  (Proof of residency may be requested)  Municipality/City: Click or tap here to enter text. Postal Code: Click or tap here to enter text.				
Mailing Address (if different from street address): Click or tap here to enter text.				
Telephone (Res): Click or tap here to enter text. Parent/Guardian Cell Phone: Click or tap here to enter text.				

I certify that the above information is true and correct as of the date of application.

Parent/Guardian Name (please print): Click or tap here to enter text. Date: Click or tap to enter a date.

School District Office will notify Applicant(s) of status regarding "Application of Cross-boundary Enrollment". If an offer of placement is given, and applicant wishes to cancel request, request to withdraw application must be in writing. Return to catchment school must be approved by Superintendent or Designate				
FOR OFFICE USE ONLY:				
Superintendent, or Designate, Approval:	Date:			
District Office Follow-up: The request to attend Scho	Has not been approved Was placed on cross-boundary waitlist and expired Sept 30 Has been withdrawn* Withdrawal Date: *Withdrawal Request must be in Parent Name: writing			
Upon review and determination, District Office distribution as follows:	Please Note: If accepted, a copy of this form should be			

Parent/Guardian; Catchment School; Requested/Receiving School; Transportation; District Office

school.