

# ANGLOPHONE EAST SCHOOL DISTRICT

## Request to Release Residents of Anglophone East School District to Attend School in Another District

Before completing please note the following:

- Once request is approved by Superintendent, Parent must confirm student's attendance with Principal of receiving school each school year.
- **Anglophone East School District is not responsible for transportation. It is your responsibility to contact the receiving district for approval if you are requesting your student travel on their buses.**

I wish to request a release from Anglophone East School District for my child to attend school in \_\_\_\_\_  
School District upon acceptance from that district.

Date of Application: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Language Program: \_\_\_ English \_\_\_ French Immersion

Student's Date of Birth: (M/D/Y) \_\_\_\_\_ Date for Placement: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

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

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School student is zoned to attend in Anglophone East School District: \_\_\_\_\_

School being requested in receiving District: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ASD-E Principal

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

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**TO BE COMPLETED BY RECEIVING SCHOOL AND DISTRICT:** Please complete the following confirming approval for this student to attend your school.

Approval Granted: \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
**Principal** of Receiving School  
*Direction de l'école qui reçoit l'élève*

\_\_\_\_\_  
Date of Decision

Please complete the following confirming approval for this student to attend school in your District:

Approval Granted \_\_\_ Yes \_\_\_ NO

\_\_\_\_\_  
**Superintendent** of Receiving District  
*Direction générale du District qui reçoit l'élève*

\_\_\_\_\_  
Date of Decision

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**TO BE COMPLETED BY SUPERINTENDENT OF ANGLOPHONE EAST SCHOOL DISTRICT:** Approval Granted \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
**Superintendent**

\_\_\_\_\_  
Date of Decision

**INSTRUCTIONS:**

**Request to Release Residents of Anglophone East School District to Attend School in Another District**

1. The parent fills out the information section of the form and meets with Anglophone East School Principal to discuss the reasons for the transfer request and they both sign the form.
2. The parent brings the form to the out of district school where he/she wishes to register his/her child, to assure they have space and they agree to enroll the student in their school;
3. The receiving School Principal signs the form and then sends it to the receiving school district office;
4. The Superintendent of the receiving school district signs the form if the transfer is accepted;
5. The form is then sent to the Anglophone East School District and the Superintendent signs as the last step to indicate that the student is released;
6. Finally, the executive assistant returns the signed form to the receiving school district, the receiving school and to the school which is releasing the student.