

**ANGLOPHONE EAST SCHOOL DISTRICT
APPLICATION FOR ENROLMENT AT A SCHOOL OUT OF THE
GEOGRAPHIC BOUNDARY**

- | | |
|---|--|
| 1. Complete Application | Policy 346 Appendix A |
| 2. Forward to School Principal | Date Rec. By School: _____ Time: ____ |
| 3. School to Forward to Senior Education Officer | Date Rec. By District: _____ |
| 4. District Office to Return to Parent/School | |

Student Name: _____	
Request for the school year: 20__ - 20__	Child will be in grade: _____
Program: ____ English ____ French Immersion ____ Late French Immersion	
Home Address: _____	
City/Town: _____	Postal Code: _____ D.O.B.(d/m/y): _____
Home Telephone Number: _____	Parent's Work Telephone Number: _____
School requesting to attend (out of geographic boundary): _____	
School that child should be attending (in geographic boundary): _____	
Specific reasons for request: _____	

I understand that final approval may only occur in September when schools know actual enrolments. Please note that out of boundary placement is contingent on three factors: the contractual class size limits are not being exceeded; the functional capacity of the school is not being exceeded and/or any other educational reason. I am aware that should class size or the maximum functional capacity of the school be reached, students registered to attend out of boundary schools may be asked to leave at any time during the school year. The decision as to what child must leave is based on **"last registered, first to be transferred out"**.

I also understand that transportation is the responsibility of the parents and that application must be renewed each school year.

Parent/Guardian's Name: _____ **(Print)** _____ **(Signature)**

Date: _____

<p>This application has been <input type="checkbox"/> approved; <input type="checkbox"/> not approved for the _____ school year for the following reason(s): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Principal's Signature: _____</p>
--

Senior Education Officer: Signature: _____ **Date:** _____