

REQUEST FOR STUDENT PLACEMENT

Category	Educational Services		
Subject	Request for Student Placement		
Adopted		Revised	March 2021
Policies Used/Referenced	8-832;6-353;10-353		

Policy Statement

A system of zones, amended from time to time, shall be used to decide the school which a student will attend. ASD-S recommends students attend their zone school. Parents or guardians may be given permission by the Director of Schools to place their child(ren) in a school other than the school(s) in their zone, subject to conditions.

Procedures

1. Parents or guardians who wish to request placement in a school other than that for the zone of residence shall complete the appropriate request form stating the reason for the request.
 - a. Within Education Centre Form (another school in your Education Centre)
 - b. Between Education Centres Form (another Education Centre)
 - c. Outside ASD-S (a District other than Anglophone South)
2. All requests will be reviewed by the Director of Schools in the Education Centre in consultation with Principals. Consideration of the requested placement may be approved for part of the school year or the full school year if the move serves a justifiably defined educational need or purpose. If this is the case, the other considerations include:
 - a. There is space in the grade level/program for which attendance is sought.
 - b. The move does not seriously affect the enrolment of the grade/program at the zone/home school or the receiving school.
 - c. The parents/guardians provide transportation for their child respecting arrival and departure times.
3. Permission to place children outside their zone is given on a year-by-year basis as long as space is available. There is an annual re-application process and permission granted in one year does not guarantee that such permission will be granted in subsequent years.
4. The Director of Schools may recommend placement of any child in a particular school for specific educational reasons.

REQUEST FOR STUDENT PLACEMENT

5. Students given permission to attend a school outside their geographic boundary may be asked to leave at any time during the school year if a student living in the zone moves in and the grade/program exceeds the maximum class size. The student asked to leave will be the last student out of zone registered for that grade/program.
6. If the request for placement is denied, the parents/guardians will be informed that they can appeal to the Superintendent.
7. Saint John Education Centre Grade 9 placement policy will apply – refer to Handbook.

Appendices

- Appendix A – Placement Within Education Centre
- Appendix B – Placement Between Education Centres
- Appendix C – Student Placement Renewal Request
- Appendix D – Student Release Form ASD-S

Reference

- [Education Act Section 9, 11\(1\), 11\(4\)](#)
- EECD [Policy 321 – Admission Based on Language](#)



ANGLOPHONE SOUTH SCHOOL DISTRICT
REQUEST FOR SCHOOL PLACEMENT WITHIN EDUCATION CENTRE

☐ Within Saint John Education
Centre

490 Woodward Ave, Saint John, NB, E2K 5N3
Tel. (506) 658-5300 Fax (506) 658-5399

☐ Within Hampton Education
Centre

1-27 Centennial Rd, Hampton NB, E5N 6N3
Tel. (506) 832-6143 Fax (506) 832-6193

☐ Within St. Stephen
Education Centre

11 School Street St. Stephen, NB, E3L 2N4
Tel. (506) 466-7300 Fax (506) 466-7309

For School Year 20____ - 20____

Student Name:		
Parents/Guardians:		
Home Address:		
Postal Code:	Telephone: (H)	(W)
Email Address:		
Zoned School:		
Requested School Placement:		
Grade: _____	Program: <input type="checkbox"/> English Prime <input type="checkbox"/> Early French Immersion <input type="checkbox"/> Late French Immersion	
Date for Placement:		
Reason for Request:		

*I have read the procedures for Student Placement outside my zoned school found within Policy 355.
I understand that transportation is my responsibility.

Parent's Signature:	Date:
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Principal of Zoned School:	Date:
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Please return completed form to your
Zoned School Principal for appropriate action.

Original: Director of Schools
Copies to: Receiving School

☐ Approved ☐ Denied

Date: _____

Director of Schools



ANGLOPHONE SOUTH SCHOOL DISTRICT
REQUEST FOR SCHOOL PLACEMENT BETWEEN EDUCATION CENTRES

☐ To Saint John Education
Centre

490 Woodward Ave, Saint John, NB, E2K 5N3
Tel. (506) 658-5300 Fax (506) 658-5399

☐ To Hampton Education
Centre

1-27 Centennial Rd, Hampton NB, E5N 6N3
Tel. (506) 832-6143 Fax (506) 832-6193

☐ To St. Stephen Education
Centre

11 School Street St. Stephen, NB, E3L 2N4
Tel. (506) 466-7300 Fax (506) 466-7309

For School Year 20____ - 20____

Student Name:		
Parents/Guardians:		
Home Address:		
Postal Code:	Telephone: (H)	(W)
Email Address:		
Zoned School:		
Requested School Placement:		
Grade: _____	Program: <input type="checkbox"/> English Prime <input type="checkbox"/> Early French Immersion <input type="checkbox"/> Late French Immersion	
Date for Placement:		
Reason for Request:		

*I have read the procedures for Student Placement outside my zoned school found within Policy 355.
I understand that transportation is my responsibility.

Parent's Signature:	Date:
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Principal of Zoned School:	Date:
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Please return completed form to your
Zoned School Principal for appropriate action.

Original: Director of Schools
Copies to: Receiving School

☐ Approved ☐ Denied

Date: _____

Director of Schools (Receiving)



Appendix C

ANGLOPHONE SOUTH SCHOOL DISTRICT STUDENT PLACEMENT – RENEWAL TO ATTEND AN OUT OF ZONE/CENTRE/DISTRICT SCHOOL

For School Year 20____ - 20____

Student's Name:			
	First Name	Middle Name	Last Name
Parent(s)/Guardian(s):			
Address:			
Postal Code:		Home Phone:	
Email Address			
Cell Phone:		Work Phone:	
Zoned School:			
School currently attending:			

I request a renewal of my son/daughter's placement at the school listed above.

*I have read the procedures for Student Placement outside my zoned school found within Policy 355.

I understand that transportation is my responsibility.

Date of Application:		Signature of Parent/Guardian:	
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Please forward to the principal of the school your son/daughter is currently attending. Every effort will be made to grant the renewal. Principals will keep a list of all students attending their school from outside the school zone, the Centre or District.



Appendix D

ANGLOPHONE SOUTH SCHOOL DISTRICT REQUEST TO RELEASE RESIDENTS OF ASD-S TO ATTEND SCHOOL IN ANOTHER DISTRICT

Before completing please note the following:

- Where ASD-S grants release, it is with the understanding that negotiations with the receiving District to ensure acceptance and accommodation at requested school are your responsibility.
- Anglophone South School District is not responsible for transportation. It is your responsibility to contact the receiving district if you are requesting your student to travel on their buses for approval.
- Please print clearly. Thank you.

I wish to request a release from Anglophone South School District (ASD-S) for my child to attend school in:

☐ ASD-North ☐ ASD- West ☐ ASD-East ☐ Francophone Sud

Student's Name:						
	First Name	Middle Name		Last Name		
Current Grade:	Language Program:					
	<input type="checkbox"/> English Prime <input type="checkbox"/> Early French Immersion <input type="checkbox"/> Late French Immersion					
Date of Birth:				Date for Placement:		
	M	D	Y		M	D
Parent(s)/ Guardian(s):						
Address:						
Postal Code:				Home Phone:		
Cell Phone:				Work Phone:		
Email Address:						
School student is zoned to attend in ASD-S:						
School being requested in receiving District:						
Reason for Request:						
Date of Application:			Signature of Parent/Guardian:			

To be completed by Requested School District					
Please complete the following confirming approval for this student to attend school in your District. Completed forms can be faxed (506-658-5399) or mailed to our office (490 Woodward Avenue, Saint John, NB E2K 5N3). Thank you.					
Approval granted:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Conditions, if any:					
Superintendent's Signature:			Date of Decision:		

To be completed by Anglophone South School District					
Approval granted:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Superintendent's Signature:			Date of Decision:		

Copies: ☐ Parents / Guardians ☐ Receiving District ☐ Zone School ☐ File ☐ Transportation Services