

# Cross-Boundary Student Transfer Request

(within the district)

Date of Request:	
Student's Name:	Date of Birth (D/M/Y):
Current School:	Current grade:
Parent's/Guardian's Name:	
Street/Road Name/Civic #:	
City/Town:	
Postal Code:	Email:
Home Phone:	Work phone:
<b>Home School Zone</b> (school zoned to your civic address)	
School name:	
<b>School to which transfer is requested</b>	
School name:	
<b>A transfer to an out of boundary school may be approved by the school principal if:</b>	
<ol style="list-style-type: none"> <li>1. Space exists at the requested school</li> <li>2. The transfer is approved by the Principal of the receiving school</li> <li>3. The student is attending a child-care within the school catchment area.</li> </ol>	
<b>Please note</b>	
<ul style="list-style-type: none"> <li>• Transportation to a school outside of the home school boundary is the responsibility of parents/guardians.</li> <li>• Secondary interschool sports regulations specify that students who transfer out of zone may not be eligible to play interscholastic sports for a period of one year after the transfer unless determined otherwise by an appeal board.</li> </ul>	
Parent/Guardian/Student(if 18 years of age or older)	Parent/Guardian/Student(if 18 years of age or older)
_____	_____
(please print)	(Signature)

<b>To Be Completed by the Home Zone (sending) Principal</b>	
<input type="checkbox"/> I have reviewed the transfer request with the applicant.	
<input type="checkbox"/> The applicant is aware that transportation is the responsibility of the applicant.	
Signature of the Sending Principal:	Date:
_____	_____

# Cross-Boundary Student Transfer Request

(within the district)

## To Be Completed by the Receiving Principal

- ☐ The request for registration in the school is approved.
- ☐ The request for registration in the school is denied:
- ☐ There is no space available at the school.
  - ☐ The applicant has been directed back to the home school.

Comments:

Signature of the Receiving Principal:

Date:

## To Be Completed by the Family of Schools Superintendent

- ☐ Approved ☐ Not approved

Comments:

Superintendent Signature:

Date:

Distribution:	<input type="checkbox"/> Receiving Principal (place in OSR)	<input type="checkbox"/> Sending Principal
	<input type="checkbox"/> Family of Schools Superintendent	<input type="checkbox"/> Parent

**\*\* This form is to be used when a parent is seeking to register a student whose home address is within the Upper Canada District School Board but not within the catchment area for the school district.**