

FORM F550	
SECTION: BUSINESS ADMINISTRATION	
Adopted/Original Date of Issue	2019
<input checked="" type="checkbox"/> Last Reviewed <input checked="" type="checkbox"/> Revised	2019
Next Review Date	2024
Contact	Executive Council

CROSS-BOUNDARY TRANSFER APPLICATION

Attendance Boundary School:	Cross-boundary School:	Requested Start Date:
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Parent(s)/Guardian(s) Name & Address	
Name of Parent/Guardian 1:	Name of Parent/Guardian 2 (if applicable):
911 Address:	911 Address (if different than Parent/Guardian 1):
City: Postal Code:	City: Postal Code:
Telephone: (H) (W) (C)	Telephone: (H) (W) (C)
Mailing Address (if not as above):	Mailing Address (if not as above):
Email Address:	Email Address:

Student(s) First & Last Name	Grade	Student(s) First & Last Name	Grade
_____	_____	_____	_____
Same address as Parent/Guardian 1 <input type="checkbox"/>		Same address as Parent/Guardian 1 <input type="checkbox"/>	
Same address as Parent/Guardian 2 <input type="checkbox"/>		Same address as Parent/Guardian 2 <input type="checkbox"/>	
_____	_____	_____	_____
Same address as Parent/Guardian 1 <input type="checkbox"/>		Same address as Parent/Guardian 1 <input type="checkbox"/>	
Same address as Parent/Guardian 2 <input type="checkbox"/>		Same address as Parent/Guardian 2 <input type="checkbox"/>	

Elementary Students Only	
Sitter Name:	Sitter Telephone: (H) (C)
Sitter 911 Address, City & Postal Code:	

Parent/Guardian reason for requested transfer (attach additional information if needed):

- Sitter (consistent five days per week)
 - Student Has Moved Out of the Attendance Boundary Area in the Current School Year
 - District Program Offered Outside the Family of Schools (Specify)
- _____
- Extenuating Circumstances (Specific reasons to be provided in detail. Attach another page if needed.)
- _____
- _____
- _____

Conditions:

1. For approved cross-boundary transfer applications, the parent(s)/guardian(s) provide transportation unless transportation is available on existing routes and there is adequate space on the bus, no route adjustments/additional bus stops/extensions are required, the District incurs no additional cost, and the address from which you are requesting transportation is not in the walk area (reference Renfrew County Joint Transportation Policy P.01.02, *Transportation Eligibility*).
2. Cross-boundary transfer applications will only be considered if the cross-boundary school has available space (schools are required to adhere to all Ministry of Education guidelines and class sizes), appropriate allocation of staff, and there is no additional facility or transportation costs to the District. The District reserves the right to rescind a cross-boundary transfer at any point in time should circumstances warrant.
3. An approved cross-boundary transfer application is for one year only; families must re-apply yearly by February 15 for the following school year.
4. If any of the conditions stated on the cross-boundary transfer application should change so that the cross-boundary transfer is no longer necessary, the student can complete the school year at the current school, but will be required to register at the attendance boundary school the following school year.

By signature below, I acknowledge I have been made aware, fully understand, and agree to abide by the above conditions and the Attendance Boundary Areas and Cross-boundary Transfer Application AP 550.

Parent/Guardian 1 Signature: _____ Date: _____
Parent/Guardian 2 Signature: _____ Date: _____

FOR DISTRICT USE ONLY:

Attendance Boundary School Input/Comments: Principal Name: _____
 Principal Contacted Date: _____
Other Comments: _____

Cross-boundary School Input/Comments: Principal Name: _____
 Principal Contacted Date: _____ Space in Class(es): Yes No
Other Comments: _____

District Review by Corporate Services: Approved Denied
Date Letter Sent to Parent/Guardian: _____
Copies of Parent/Guardian Decision Letter to: Attendance Boundary School Cross-boundary Transfer School
 Superintendent(s) of Education
Signature of Corporate Services: _____ Date: _____

Personal information on this form is collected under the authority of the Education Act and subject to the Municipal Freedom of Information and Protection of Privacy Act. The personal information collected will be used for education, administration, and statistical purposes of the District and/or Ministries and Agencies of the Government of Ontario. Questions about this collection of personal information should be directed to the Freedom of Information Coordinator, 1270 Pembroke Street West, Pembroke, Ontario K8A 4G4 613-735-0151.

Form History

Approved:	March 25, 2019
Reviewed:	March 2019
Revised:	March 2019