

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

Student Out-of-Boundary Request Form

Date of Initial Request _____ Date of Renewal Request _____

*This request form **MUST** be completed on or before May 30 of the initial school year that the parent(s)/guardian(s) wishes the student to attend the out-of-boundary school.*

Completed request forms should be submitted for approval, to the principal of the school that the student is attending at the time of the request.

Request for out-of-school boundary permission for the period:

From _____ **To** _____
Day/Month/Year Day/Month/Year

Student Name _____ Date _____

Age _____ Grade _____ Home School _____

Parent(s)/Guardian(s) _____ Telephone (____) _____

Home Address _____
Street/P.O. Box Town Postal Code

Lot _____ Concession _____ Road _____ Township _____

Transfer From _____ to _____
Home School Receiving School

Specific Reasons for Request _____
(Attach letter if required)

Student*/Parent(s)/Guardian(s) Signature
*16 yrs. of age or older

For Board Use Only

Receiving School Principal's Recommendation for Out-of-Boundary Request: Yes ____ No ____

Comments: _____

Receiving School Principal's Signature

Date

COPIES TO: Parent(s)/Guardian(s), Home School Principal, Out-of-Boundary School Principal and Superintendent.