

# CROSS BOUNDARY TRANSFER APPLICATION

SUNSHINE COAST  
School District No. 46



For School Use Only (School Name) \_\_\_\_\_  
Date and Time Application is received at CURRENT SCHOOL: \_\_\_\_\_

*This form is to be used for Sunshine Coast students whose parents / legal guardians maintain primary residence within the boundaries of School District No. 46 and who are seeking to attend a school other than their designated attendance school.*

**The deadline for cross boundary transfer requests will be 3:30 PM on the last instructional day in March of each school year. Applications received after the deadline will be accepted or rejected based on available space as of the end of the first school week in September. SCHOOL BUSING WILL NOT BE PROVIDED FOR CROSS BOUNDARY TRANSFER STUDENTS.**

**PLEASE PRINT**

**STUDENT INFORMATION** (provide legal names only if different from preferred names)

Preferred Last Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Grade \_\_\_\_\_ Gender: M  F  Birth Date: \_\_\_\_\_ Home Tel: \_\_\_\_\_  
(current grade) (year / month / day)

Student's Place of Residence \_\_\_\_\_  
House # Street Name Town Postal Code

Parent's Place of Residence \_\_\_\_\_  
(if different from student) House # Street Name Town Postal Code

**CROSS BOUNDARY TRANSFER REQUEST**

Student's Catchment Area School: \_\_\_\_\_ PEN #: \_\_\_\_\_

Student's Current School (if different from attendance area school): \_\_\_\_\_

School Requested to Transfer to: \_\_\_\_\_

For Grade: \_\_\_\_\_

**REASON FOR REQUEST** (please state why you wish to attend the requested school):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p><b>TO BE COMPLETED BY SCHOOL PRINCIPAL</b></p> <p>Reason for Request:</p> <p>K-7</p> <p><input type="checkbox"/> child care</p> <p><input type="checkbox"/> siblings</p> <p><input type="checkbox"/> personal</p> <p>Reason for Non-Approval:</p> <p><input type="checkbox"/> space / facilities _____</p> <p><input type="checkbox"/> program _____</p> <p><input type="checkbox"/> other _____</p> <p>Principal's Signature: _____</p>	<p><b>APPROVED</b> <input type="checkbox"/></p> <p><b>NOT APPROVED</b> <input type="checkbox"/></p> <p>8-12</p> <p><input type="checkbox"/> siblings</p> <p><input type="checkbox"/> program</p> <p><input type="checkbox"/> extra-curricular</p> <p><input type="checkbox"/> personal</p> <p>Date: _____</p>
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**CROSS BOUNDARY ADMISSION AND PLACEMENT TERMS AND CONDITIONS**

- All cross boundary admissions and placements are governed by School District No. 46 (Sunshine Coast) Regulation #1800 (*School Attendance Areas and Cross Boundary Transfers*).
- If space, facility and an appropriate educational program are available, cross boundary transfer students' applications received by 3:30 PM, on the last instructional day in March will be approved in order of date and time of application.
- **Parents / legal guardians are responsible for the transportation of the student to and from the requested school.**

**CROSS BOUNDARY ADMISSION AND PLACEMENT PROCESS**

- Applicants must be registered at their attendance area school BEFORE submitting a cross boundary transfer request.
- Students who have been placed in the district's alternative program are NOT eligible for transfer by this process.

**Cross Boundary Transfer applications must be submitted to the attendance area school by 3:30 PM on the last instructional day in March.**

Applicants who have submitted their application on time will be advised of the decision during the first two weeks of May.

If a secondary student transfers to a different school and wishes to be eligible to play inter-school sports, the new school is required to submit an Athletic Eligibility Appeal on behalf of the student to the BC School Sports Eligibility Appeals Committee.

**PARENT(S) / LEGAL GUARDIAN(S) AUTHORIZATION**

*I acknowledge that I have read and accepted the terms and conditions outlined on this Cross Boundary Transfer application form, and that the information provided on this application is correct and valid as of this date. I understand that failure to provide accurate information may lead to non-acceptance of this request for transfer.*

**PLEASE PRINT**

Name of Parent(s) / Legal Guardian(s): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

e-Mail Address: \_\_\_\_\_

Signature of Parent(s)/Legal Guardian(s): \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Date

**Legal Guardian:** A legal guardian of a child is defined within the meaning established in the *Family Relations Act* and is the person who has legal control of the child as designated by a governmental ministry or a Canadian court order issued by a judge.

**Late Applications:** Applications received after 3:30 PM on the last instructional day in March, will be considered only after **all** "on time" applications have been processed. Approval of these transfers will be in order of priorities established in Regulation #1800:

"B. Determination of Available Space and Facilities

4. After enrolment of continuing students, if the requisite space and facilities are determined to be available, transfer applications and applications from new students will be accepted in the following priority order:
  - catchment area child who attended the school during the previous school year;
  - other catchment area child;
  - sibling of a child already attending the requested school;
  - non-catchment area child;
  - non-school district child.

Provided application deadlines and other requirements have been met."

The information on this form is collected under the authority of the *School Act*, Sections 13 and 79. The information will be protected under the *Freedom of Information and Protection of Privacy Act*. Questions about the collection and use of this information should be directed to the principal of your school or to the Information and Privacy Coordinator, School District No. 46, P.O. Box 220, Gibsons, BC V0N 1V0, Telephone: (604) 886-8811.