REQUEST FOR ATTENDANCE OUTSIDE CATCHMENT AREA APPLICATION FORM

Related Policy: Policy No. 501.1 – Student Attendance Areas

DEADLINE: MAY 15th OF THE CURRENT SCHOOL YEAR

To Be Completed by Parent/Guardian

Date of request: _____ For the: _____ school year

Student Name(s) Next year's grade

_____ _____

_____ _____

_____ _____

☐ Yes - sibling(s) already attend out-of-catchment school. Name(s): _____

School in normal school attendance area: _____

Requested school: Lakes District Secondary School

Reason for request or transfer: _____

_____

_____

Name of Parent/guardian: _____

Phone #1: _____ (cell/work/home) Phone #2: _____ (cell/work/home)

Street Address: _____

Mailing address: _____

☐ **I understand that approved placement at a school does not guarantee transportation**

Parent/Guardian Signatures: _____ _____

To Be Completed by School Administration

Current Principal/Catchment Area Principal: Recommended: ☐ Yes ☐ No

_____ _____

Name *Signature*

Heidi Grant, Principal LDSS: Recommended: ☐ Yes ☐ No

_____ _____

Name *Signature*

by the end of the 1st week of school in Sept

Superintendent of Schools or designate: Approved: ☐ Yes ☐ No

_____ _____

Name *Signature*