



P500: Appendix IV: Out of Catchment Request Form

School District 70 (Alberni)
4690 Roger Street Port Alberni, BC V9Y 3Z4
Telephone: 250.723.3565 Fax: 250.723.0318

SCHOOL HISTORY

Current School:	Grade at time of request:
School Requested:	(K - 12 or Pre K):
Catchment Area School:	

Reason for this Cross Boundary Request (if moving, please attach proof of new address) **Transportation is the responsibility of the parent.**

Sibling(s) attending requested school?	Name(s):	School:	Current Grade(s):
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STUDENT INFORMATION

Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date: Day	Month	Year
Legal Last Name	Preferred Last Name (if different)		
Legal First Name	Preferred First Name (if different)		
Street Address			

PARENT(S) / GUARDIAN(S) INFORMATION

Mother / Guardian Name:	Father / Guardian Name:
Parent / Guardian living with student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Parent / Guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	
City / Postal Code	
Home Phone	Cell:
Work Phone	Ext.:
E-mail	

For Separated / Divorced parents: Custody: Joint Sole Guardianship: Joint Sole

By signing this Cross Boundary Request Form, I attest that I am the legal parent OR legal guardian of the above student. I have read and understand the procedures and conditions available on the district website.

Legal Parent / Legal Guardian Name (Please Print):

Date:	Signature
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Office Use Only

Date:
Time:
Verified by: