ALGOMA DISTRICT SCHOOL BOARD
Secondary & Intermediate Programs *(7-8 in Secondary Schools)*
Out of Boundary Request Form

PARENT TO SUBMIT FORM TO REQUESTED SCHOOL FOR PRINCIPAL REVIEW & SIGNATURE.

SCHOOL ALLOCATION

NOTE: *Requests to attend an out of boundary school will be considered provided school/class has adequate space.*

Date: _____

School Requesting: _____ **School Year: Current ☐ or** _____

Previous School: _____**School Student is Zoned for**: _____

Parents(s)/Guardian(s) Name: _____

Address: _____
(Street) (City) (Postal Code)

Email Address (*required*): _____Phone Number:_____

Children's Name(s) and current Grade(s):

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Is Student part of a specialized program? If yes, please indicate below:
(*enrollment will be confirmed by Board office*)

Although we live outside the school boundaries, we are requesting permission to attend an out of boundary school for the following reason(s):

_____
Signature of Parent/Guardian

Allocation: ☐Approved ☐Denied _____
Signature of Principal

SCHOOL TO SUBMIT FORM TO OFFICE OF ASSOCIATE DIRECTOR OF CORPORATE SERVICES & OPERATIONS TO COMPLETE TRANSPORTATION APPROVAL SECTION

TRANSPORTATION APPROVAL SECTION

NOTE: *Transportation for out of boundary students is not the responsibility of the Algoma District School Board as the Ministry of Education provides funding for students within specific walking distances. If, however, room is available on an existing bus route, consideration may be given to grant transportation for specific programs only.* ***Please note:*** *Permission will need to be considered on an annual basis provided there is room on the bus after considering in-boundary students first.*

☐ Parent/Guardian will be providing transportation to and from school.

☐ Parent/ Guardian requesting approval to access existing school bus routes with the understanding that all students within the boundary must be placed on a bus first and that requests made for the start of the new school year will be evaluated during the first week of October.

Associate Director Comments:

Transportation:

☐Approved ☐Denied ☐Wait Listed

☐ *N/A - parent providing own transportation*

_____
Signature of Associate Director of Corporate Services & Operations

signed original to parent, c.c. Transportation Consortium and requesting school