

FORM 300-2

CROSS BOUNDARY REQUEST – SECONDARY SCHOOLS

Please check one of the following: ☐ Out-of-Catchment ☐ Out-of-District

*If Out-of-Catchment: ☐ I have registered my child at their catchment Parent Initial: _____

SECTION A: To be completed by the parent or guardian.

Student Name: _____ Date of Birth(mm/dd/yy): _____

Home Address: _____

Current School: _____

Cross Boundary Requested School: _____

Catchment Area School (by home address): _____

Current Grade: _____ Grade for next September (September 20____): _____

Reason(s) for Cross Boundary:

Parent Declaration: I understand that transportation will not be provided by the School District for my child. I understand that, unless otherwise determined by the Director of Instruction, any transfers of out-of-catchment students will be processed following the March 31st deadline, and that catchment area students will have priority enrollment status at that school.

Name of Parent: _____

Signature of Parent: _____ Date: _____

Parent Email Address: _____ Phone Number: _____

SECTION B: To be completed by the catchment area/current school.

The student's file and MyEd profile have been checked for legal notes and court orders: ☐ Yes ☐ No

This request has been discussed with the parent(s)/guardian(s): ☐ Yes ☐ No

Catchment Area School Principal Signature: _____ Date: _____

SECTION C: To be completed by the requested school.

Cross Boundary Requested School Principal Signature: _____ Date: _____

***Once the requested school has signed and dated this form, please scan and send a copy to Kyla Sherman via Teams.**

APPLICATIONS FOR SEPTEMBER PLACEMENT MUST BE RECEIVED BY MARCH 31st.
(Applications may be made at other times under special circumstances.)