



Mid-Year Cross Catchment Transfer

Complete the form below to request a change of your child's school during the school year. This form should be submitted to **student.registration@sd72.bc.ca** or dropped off at your current school. Approval is based on the requested school not already being at capacity for September, availability of space/facilities or program, and staffing resources appropriate for the applicant. Applications will be considered based on date and time received. Parents are responsible for providing transportation to and from the school they are applying to in accordance with operational procedure 380 (Student Transportation).

Student Information - please print

Date Form Received: _____

Name: _____
Last Name First Name Middle

Gender: _____ Date of Birth: _____ Student Number/PEN: _____

Student's Present Grade Level: _____ Name of School Student is Presently Attending: _____

Home Address: _____

Postal Code: _____ Home Phone Number: _____

Alternate Phone Number: _____ Name of Parent/Guardian at this Number: _____

You must complete Part A Confirmation of Sibling Status or Part B Cross Catchment Request.

Part A: Confirmation of Sibling Status

Note: siblings of students in attendance at a school are considered a catchment area child at that school. If this applies to you, and you would like your child to attend the same school as their sibling, please provide the following information:

Indicate School Assigned: _____

Sibling's Name: _____
Last Name First Name

School Sibling Attends: _____

Sibling's Birthdate: _____ Sibling's Grade for Next School Year: _____

Part B: Cross Catchment Request

Indicate School Assigned: _____

Name of School Requested: _____

Reason for Request: _____

Parent/Guardian Information - please print

Name: _____ Signature: _____

Email: _____ Date: _____

Name: _____ Signature: _____

Email: _____ Date: _____