

CROSS-BOUNDARY REQUEST FORM 2019-2020 APPLICATION DEADLINE MAY 1, 2019

Forward the completed form to the School Organization Department by E-mail: admissions@wqsb.qc.ca or by fax: (819) 684-1328

| PL | EASE SEE PROCEDU | RES AND CO | NOITION | S ON THE BACK OF | THIS F | ORM | | |
|--|--------------------------------------|-----------------------------------|----------------|----------------------------------|----------|--|---------------------------------|---------------------------------------|
| Student's First Name: | | | Surname: | | | | | |
| Permanent Address: | | • | | | | | | |
| City/Town: | | | Québec | Postal Code: | | | | |
| Applicant's First Name: | | | | Surname: | | | | |
| E-mail Address: | ddress: | | | Phone # during the day: | | | | |
| | **To complete the fo | llowing questi | ions please | use the legend provide | d below | ** | | |
| Current School 2018-2019 1 | Current Cycle/Year 2 2018-2019 | Boun Scho 2019- 3 | dary ool | Projected Cycle/Year 4 2019-2020 | | Requested School 2019-2020 | | Program ENG or 6 F.I. |
| | / | | | / | | | | |
| Select the reason for this | Cross-Boundary reque | st by checking | off the box | below: | | | | |
| Renewal Residence is closer to the requested school | | | | | | | | |
| Sibling(s) attend the | school requested | | | | | | | |
| Other reason why you ar | e requesting a Cross Bo | undary: | | | | | | |
| 7. Name of siblings presently in school | | | | rent Cycle/Year | Cu | Current School (2019-2020) | | |
| | | | | / | | | | |
| | | | | / | | | | |
| **LEGEND**: | | | | | _ | | <u>2. ar</u> | <u>ıd 4.</u> |
| Current school: The school in which your child is currently registered and attending classes. | | | | | | Cycles as defined in the Québec Education Program | | |
| 3. <u>Boundary school:</u> The school boundary is determined by the street you live on. | | | | | 4 | GRADE | CYCLE/YEAR | |
| | | | | | | K | KINDERGARTEN | |
| 5. School requested: Name the school that you are requesting your child attend for the next school year. | | | | | | 1 | CYCLE 1/YEAR 1 | |
| | | | | | | 2 | CYCLE 1/ YEAR 2 | |
| | | | | | | 3 4 | CYCLE 2/ YEAR 1 CYCLE 2/ YEAR 2 | |
| 6. Which program would you like your child enrolled in: English or French Immersion (if offered) All the schools offer the regular English program and some offer the French Immersion program. Please select the program of your choice (ENG or FI). | | | | | | 5 | CYCLE 3/ YEAR 1 | |
| | | | | | | 6 | CYCLE 3/ YEAR 2 | |
| | | | | | | Sec. I | CYCLE 1/YEAR 1 | |
| | | | | | - | | | |
| 7. Other siblings in which school & grade: Please name the other children, their present cycle and the school that they presently attend. | | | | | | Sec. II | CYCLE 1/YEAR 2 CYCLE 2/YEAR 1 | |
| | | | | | | Sec. III | · | |
| | | | | | - | Sec. IV | | 2/YEAR 2 |
| | | | | | L | Sec. V | CYCLE | 2/YEAR 3 |
| | | | | | | | | |
| APPLICANT'S SIGNATUR With my signature, I confirm Boundary Request. | | rmation at the b | oack of the fo | rm and understand the pr | ocedures | and cond | ditions of r | ny Cross- |
| Applicant's Name (please | e print): | | | _ Signature: | | | | |
| | | | | Date: | | | | |
| | | | | | | | | |
| | | | | | | | | |
| FOR OFFICE USE ONLY: | | | | | | | | |
| Renewal: | Denied: | | | GPI: □ Annlicat | | | | |

Approved:

S. E. Code

Updated in GPI: □

Review in September: □

New:

Late:

CROSS-BOUNDARY TRANSFER REQUEST PROCEDURES & CONDITIONS

PROCEDURES:

- 1. Your child(ren) must be registered in their boundary school until you receive written confirmation on the decision of your application.
- 2. A cross-boundary application must be completed and submitted by the parent/guardian and sent to the School Organization Department **no later than May 1**st.
- 3. New cross-boundary applications will be reviewed at the end of September once enrolment numbers and groupings have been established in order to avoid creating oversize classes, grade levels and cycles. Therefore, it is the parent/guardian responsibility to ensure the child is registered in his/her boundary school.
- 4. A separate application must be completed for each child requiring a cross-boundary transfer.
- 5. Following the review of the application, parents will be notified in writing of the decision.
- 6. All applicants will be notified in writing of the decision. For renewal requests you will be notified in June, for "new" requests you will be notified in September.

CONDITIONS:

- 1. All applications received by May 1st will be reviewed and prioritized by the following criteria:
 - a) Renewal
 - b) Sibling attends requested school
 - c) Student's residence is closer to the requested school
 - d) New applicants
- 2. The right to choose a school:
 - a) Cannot create oversized classes, oversized grade levels or oversized cycles within the requested school;
 - b) Does not entitle the student to transportation;
 - c) Does not guarantee that the student will receive the same type of program and/or service that is provided at the student's boundary school.
 - d) Cannot create a staffing need or lack thereof in either the sending or receiving school.
 - e) Cannot create any additional cost to the School Board.
- 3. Applications are made on an annual basis and are approved for one (1) school year only.
- 4. Completion of this application does not constitute an approval of the request.