



CROSS-BOUNDARY REQUEST FORM 2020-2021
APPLICATION DEADLINE MAY 1, 2020

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

PLEASE SEE PROCEDURES AND CONDITIONS ON THE BACK OF THIS FORM

Student's First Name:		Surname:	
Permanent Address:			
City/Town:	Québec	Postal Code:	
Applicant's First Name:		Surname:	
E-mail Address:		Phone # during the day:	

****To complete the following questions please use the legend provided below****

1	Current School 2019-2020	2	Current Cycle/Year 2019-2020	3	Boundary School 2019-2020	4	Projected Cycle/Year 2020-2021	5	Requested School 2020-2021	6	Program ENG or F.I.
	/		/		/		/				

Select the reason for this Cross-Boundary request by checking off the box below:

Renewal	<input type="checkbox"/>	Residence is closer to the requested school	<input type="checkbox"/>
Sibling(s) attend the school requested	<input type="checkbox"/>		<input type="checkbox"/>

Other reason why you are requesting a Cross Boundary:

7. Name of siblings presently in school	Current Cycle/Year	Current School (2019-2020)
	/	
	/	

****LEGEND**:**

- Current school:**
The school in which your child is currently registered and attending classes.
- Boundary school:**
The school boundary is determined by the street you live on.
- School requested:**
Name the school that you are requesting your child attend for the next school year.
- 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).
- Other siblings in which school & grade:**
Please name the other children, their present cycle and the school that they presently attend.

2. and 4.

Cycles as defined in the Québec Education Program	
GRADE	CYCLE/YEAR
K	KINDERGARTEN
1	CYCLE 1/YEAR 1
2	CYCLE 1/ YEAR 2
3	CYCLE 2/ YEAR 1
4	CYCLE 2/ YEAR 2
5	CYCLE 3/ YEAR 1
6	CYCLE 3/ YEAR 2
Sec. I	CYCLE 1/YEAR 1
Sec. II	CYCLE 1/YEAR 2
Sec. III	CYCLE 2/YEAR 1
Sec. IV	CYCLE 2/YEAR 2
Sec. V	CYCLE 2/YEAR 3

APPLICANT'S SIGNATURE

With my signature, I confirm that I have read the information at the back of the form and understand the procedures and conditions of my Cross-Boundary Request.

Applicant's Name (please print): _____ Signature: _____
Date: _____

FOR OFFICE USE ONLY:

Renewal: Denied: Entered in GPI: Application received: _____
New: Approved: Updated in GPI:
Late: S. E. Code _____ Review in September:

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 1st**.
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 oversized 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.