



**TEMPORARY AUTHORIZATION REQUEST FORM 2024-2025**  
 (To be completed if the child has moved to another WQSB school catchment during the school year)  
 Forward the completed form to the School Organization Department by  
 E-mail: [cross-boundaries@wqsb.qc.ca](mailto:cross-boundaries@wqsb.qc.ca) or by fax: (819) 684-1328

**PLEASE READ IMPORTANT INFORMATION 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\*\***

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Current School 2024-2025	Current Cycle/Grade 2024-2025	Boundary School 2024-2025	Program ENG or F.I.
	/		

2.

**\*\*LEGEND\*\***

- 1. Current school:**  
The school in which your child is currently registered and attending classes.
- 3. Boundary school:**  
The school boundary is determined by the street you live on.
- 4. Which program is 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.

Cycles as defined in the Quebec 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 Temporary Authorization Request.

Applicant's Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Denied:  Entered in GPI:  Application received: \_\_\_\_\_

Approved:

S. E. \_\_\_\_\_

# TEMPORARY AUTHORIZATION REQUEST INFORMATION & CONDITIONS

---

## GENERAL INFORMATION:

Parent/guardian is required to complete the Temporary Authorization Request Form if they have moved to another WQSB school catchment within the current school year and want to request that the child remains in the same school for the remainder of the school year.

## PROCEDURES:

1. A temporary authorization request must be completed for each child and submitted by the parent/guardian to the School Organization Department **by email [cross-boundaries@wqsb.qc.ca](mailto:cross-boundaries@wqsb.qc.ca) or by fax at (819) 684-1328.**
2. Applications received will be reviewed within 5 working days.
3. Following the review of the application, parents will be notified in writing of the decision.

## CONDITIONS:

1. Parent/guardian is required to apply for a cross-boundary transfer for the upcoming school year. Deadline to apply is May 1<sup>st</sup>. Forms will be available online at [www.wqsb.qc.ca](http://www.wqsb.qc.ca). Applications for a Cross Boundary Transfer received after May 1<sup>st</sup> will be reviewed after September 30<sup>th</sup>.
2. Applications are made on an annual basis and are approved for one (1) school year only.
3. Student is not entitled to school transportation.
4. Completion of this application does not constitute an approval of the request.