



ELK ISLAND CATHOLIC SEPARATE REGIONAL DIVISION NO. 41

160 Festival Way, Sherwood Park, AB, T8A 5Z2

BOUNDARY EXEMPTION INTERVIEW FORM

As per School Division procedures, an interview with the parent/student(s) will be arranged with the Principal of the requested school to initiate a request for a school attendance boundary exemption.

School Year: **2010/2011**

Is this a new registration for your school of choice? Yes No

If yes, school administration is to contact the Assistant Superintendent – Student Services

Is this a continuing registration for your school of choice? Yes No

Student’s Full Name: _____ DOB: (MM/DD/YYYY) _____

Name of Parent/Guardian(s): _____

Present Home Address: _____
(include postal code)

New Address: (if applicable) _____

Effective Date of Change: _____

Phone Numbers: _____
Home Father’s Work Mother’s Work

School Presently Attending: _____ School Requested: _____

Present Grade Level: _____ **OR** Entering ECS (Kindergarten) _____

Busing Required? YES NO

Transportation Address: _____

Interview Questions

1. What is the main reason for requesting a boundary exemption?

(a) Child Care Issues (Please explain):

(b) Special Needs (Please explain):

(c) Student Discipline Issues (Please explain):

(d) Other Issues (Please explain):

2. Is there any additional pertinent information that we should be made aware of that is relevant to your request for a boundary exemption?



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Parent/Guardian Declaration

I understand that approval of this request is contingent upon:

- a review of your child’s Student Records;
- sufficient resources and facilities to accommodate your child at the requested school;
- the recommendation of school administration at both the attendance boundary school and the requested school; and,
- the approval of Division Administration.

I understand that this boundary exemption, if approved, is for one school year and will be reviewed on an annual basis.

Signature of Parent(s)/Guardian(s)

Date

Administrative Use Only:

School Administration at both the attendance boundary school and the requested school have discussed this request and have recommended approval. *Contact the Assistant Superintendent – Student Services for Choice or Directed status.*

Yes No

Signature of Principal of Requested School

(For Central Office Use Only)

Transportation: USER PAY NO COST BUSING NOT AVAILABLE

Signature of Director of Transportation Services

Request Approval: APPROVED CHOICE DIRECTED

NOT APPROVED WAIT LIST STATUS

Comments: _____

Approved by: _____
Signature of Assistant Superintendent – Student Services

Date

*****Please note that this boundary exemption is only approved for the 2010-2011 School Year**

Distribution of copies following approval of the Assistant Superintendent - Student Services (in consultation with School Principal):

1. Copy to Parent/Guardian	3. Copy to Director of Transportation Services
2. Copy to Receiving School Principal	4. Original to Student Services File