



PARENT – STUDENT INFORMATION

Mother/Guardian: _____ Father/Guardian: _____
Residence Phone: _____ Business Phone: _____ Cell Phone: _____
Mailing Address: _____ Town: _____ Postal Code: _____
Legal Land: _____ 911 Address: _____
Email: _____ Fax: _____

Student's Last Name	Student's First Name	Gender	Date of Birth	Grade	Current/Previous School	Requested School
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				

Please state the designated school area in which you currently reside: _____

Are you requesting transportation for your child/children? Yes No
If yes, please sign Transportation Agreement below to facilitate the approval of your application.

PARENT – TRANSPORTATION AGREEMENT

I hereby agree to transport my child/children (above) to and from a **meeting location determined by the Transportation Department of Chinook's Edge School Division No. 73**. I understand that, should routes change, I will be notified of the change of meeting location by the Transportation Department and will thereupon transport my child/children to and from the new meeting location. I understand that should my residence change, I must re-apply for Transportation for my child/children.

Parent/Guardian: _____ Date: _____

Please note: Providing transportation is available, there may be a fee to school and programs of choice. Payment can be made by cash, cheque, Visa, Mastercard or Debit at the school or at the Transportation Office. For further inquires, please contact Transportation Services. (transportation@cesd73.ca)

Please note: Completion of this form does not guarantee registration in the requested school or transportation to that requested school.

SCHOOL – PRINCIPAL CHECKLIST / APPROVAL

- Meet with parents.
- Call current principal to inform him/her about this out-of-area request.
- If the child(ren) has/have special needs or unique program expectations, please contact Associate Superintendent of Student Services.
- If siblings are involved, call the other school(s) in your community to find out if they can accommodate the family's request.
- If transportation is requested, please email this form to the Transportation Department. (transportation@cesd73.ca)

Our school can accommodate this request. **Our school is unable to accommodate this request.**

Principal's Signature: _____ Date: _____

SCHOOL – PRINCIPAL CHECKLIST / APPROVAL

Signed - Director of Transportation

Date

Route No. _____ Driver/Contractor Contacted: _____

The collection of personal information herein is collected pursuant to the provisions of *The School Act* and its Regulations, *The Freedom of Information and Protection of Privacy Act (FOIP)*, and *The Vital Statistics Act*, as the collection is related directly to and is necessary to the School Board's obligations to provide students with an education program that meets their needs and to provide a safe and secure school environment. All information collected pertaining to students will be kept confidential unless otherwise authorized in writing by the parent or guardian of the student.