

APPLICATION FOR BOUNDARY EXEMPTION

DATE: _____

NAME OF STUDENT(S): _____ GRADE / YEAR: _____

SCHOOL YOU WANT THEM TO ATTEND:

SCHOOL THEY PREVIOUSLY ATTENDED:

NAME OF PARENT(S)/GUARDIAN(S):

HOME ADDRESS: _____

POSTAL CODE:

TELEPHONE:

Please state the reason for requesting a boundary exemption for your child(ren). Be advised that if an exemption is granted, it is your full responsibility to provide transportation for your child(ren) at their designated school. Please ensure you complete all information on this form, including the names and addresses of individuals who may assume some responsibility for your child(ren), ie: babysitters, grandparents, etc.

Principal Approval: _____

Superintendent Approval: _____