

Out-of-Attendance Area Application



AP 305 – Form 1a

Student residing within Division

Transfer requests for a particular school may be approved only if space, resources & required programming are available at the FSD REQUESTED school

STEP 1: Parent/Guardian completes **(PART A)** and meets with the Principal of the FSD **DESIGNATED** school to discuss the rationale for the Out-of-Attendance Area Application.

STEP 2: The Principal of the FSD **DESIGNATED** school signs **(PART B)** to indicate a meeting with the Parent/Guardian has occurred.

STEP 3: If still interested, the Parent/Guardian may submit the Application to the Principal of the **REQUESTED** school with rationale for request. Applications will be processed prior to May 31st from the upcoming school year.

STEP 4: If the Application is not supported, the Parent/Guardian may appeal the decision by submitting the Application and supporting documentation to the Superintendent or Designate. The Parent/Guardian will receive a formal letter from the Superintendent or Designate advising them of the decision.

Parent/Guardian will be responsible to provide transportation to the FSD REQUESTED school.

PART A: Parent/Guardian/Independent Student to complete section below.

Student Name:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	(last) (first) (middle)	Date of Birth: (month) (day) (year)
CURRENT School:	CURRENT Grade:	DESIGNATED School:
REQUESTED School:	REQUESTED Grade:	Requested for the 20_____ - 20_____ school year
Residence Address: (or 911 Address)		Postal Code:
Name of Parent/ Guardian/Independent Student	(last) (first)	Home Phone:
Mr. Mrs. Ms. Dr.	Email Address:	Business Phone:
		Cell:
Name of Parent/ Guardian/Independent Student	(last) (first)	Home Phone:
Mr. Mrs. Ms. Dr.	Email Address:	Business Phone:
		Cell:
Signature of Parent/Guardian/Independent Student:		Date of Request:

ATTACH A LETTER OF RATIONALE that must specify in detail the educational, psychological/emotional, or medical needs of your child and why the **REQUESTED** school would be better able to meet those needs (attach letters of support from trained professionals).

PART B: Principal of FSD DESIGNATED school to complete section below.

Signature of Principal to indicate meeting with family has occurred:	Date:
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PART C: Principal of REQUESTED school to complete section below.

Approved Not Approved	Rationale:
Signature of Principal:	Date: