

**OUT-OF-AREA REQUEST**

***(to be used for schools within HRCE only)***

Name of School:

Requested School:

Date Requested to Start Out Of Area School: Student’s Current Grade:

Full Name of Student:

Names of Parent/Guardian:

Address (complete):

Telephone:

Signature of Principal

 Reason for Request:

I/we understand that I/we are responsible to provide for transportation for our child and I/we understand the transfer is a permanent one.

*Signature of Parent/Guardian Date*

The school where the placement is requested will complete the section below and you will be contacted when the decision has been made.

|  |  |
| --- | --- |
| Received by school on (date andtime) |  |
| Decision of Principal: |  |
| Signature of Principal: |  |
| Parent/Guardian notified on (date): |  |

November 2018 [**http://www.hrce.ca/schools/registration**](http://www.hrce.ca/schools/registration)