

**Policy No. 310 – SCHOOL OF CHOICE REQUEST**

**ATTACHMENT "B"**

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address of Residence: \_\_\_\_\_

\_\_\_\_\_

Name of Neighbourhood School: \_\_\_\_\_

School Preference: \_\_\_\_\_

Reason for this preference (if not neighbourhood school):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please note: Bussing may not be available to non-catchment sites.\*\***

Non-catchment students will be placed in their school of choice based on the criteria laid out in Policy 310.4 – Student Registration, Enrolment and Placement.

You will be contacted by the office of the Director of Instruction – Curriculum with information regarding your child's school placement.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Received by: \_\_\_\_\_ School: \_\_\_\_\_

Date and Time: \_\_\_\_\_