Delta School District
Inspired Learning

Student #_____

KINDERGARTEN
NON-CATCHMENT APPLICATION FORM
for 2017/18 School Year

Time and Date of receipt of this form must be recorded by the catchment area school

_____

FORM 301-3

IMPORTANT

TO THE PARENT

1. Complete Part A.
2. Leave the completed form with the Principal of your catchment area school on Monday, February 6th, or shortly thereafter.

TO THE PRINCIPAL OF THE CATCHMENT SCHOOL

1. Hold the application at the school until approved by the Assistant Superintendent.
2. Once approved, forward to requested school.

TO THE PRINCIPAL OF THE REQUESTED SCHOOL

1. After receiving the approved application from the catchment school, sign and forward to the Superintendent's Office.

This form should be submitted by March 3. Decisions regarding approval of applications submitted by March 3 will be made by June 2 or shortly after. Application may be made at other times, however, decisions regarding approval of applications received after March 3 may not take place until after June 2.

PART A - To be completed by the Parent

MM DD YY

1. Student Name(s): _____ Birthdate: ____/____/____

   _____ Birthdate: ____/____/____

2. Address:_____ City: _____

   Postal Code: _____ Telephone: _____ Alternate No.: _____

3. Living in Attendance Area of: _____

4. School Requested: _____ Effective Date _____ FI ☐

5. Name of Parent: _____Parent Email: _____

6. Address same as above [ ] or _____

7. Reason for Request required from Parent (if space insufficient, attach letter)_____

_____

SPECIAL LEARNING NEEDS: Are there any special learning needs or other services of which school personnel should be made aware, which would relate to the programming needs for your child? ☐ **YES** ☐ **NO**
If yes, please describe:

_____

8. Siblings already in requested school? ☐ **NO** ☐ **YES** Name of Sibling: _____

This request will be considered on the following conditions:

1. Space and a suitable placement are available in the school requested.
2. Parents are responsible for transportation when the student attends a school outside of the designated school attendance area, and agree to abide by school expectations of policies, including school parking and traffic requirements.

_____ _____

DATE OF APPLICATION SIGNATURE OF PARENT

PART B - To be completed by the Principal of the requested school upon approval by the Assistant Superintendent.

Principal's Signature: _____ Date: _____

Revised: January 2017

Please note: ***The applicant's name, identifying information and requested placements may be shared with other school districts to protect the integrity of wait lists and enrolments.***