



# Out-of-Attendance Area Application

SR 027/12

Student residing within Division

Student residing outside Division

**Transfer requests for a particular school may be approved only if space, resources, and required programming are available at the RVS REQUESTED school.**

- STEP 1:** The Parent/Guardian completes (**PART A**) and submits the Application to the Principal of the RVS **DESIGNATED** school, along with a letter of rationale that must specify in detail the educational, psychological/emotional, or medical needs of their child and why the RVS **REQUESTED** school would be better able to meet those needs.
- STEP 2:** The Principal of the RVS **DESIGNATED** school completes (**PART B**) to support, or not support, request with rationale.
- STEP 3:** If still interested, the Parent/Guardian may submit the Application to the Principal of the **REQUESTED** school with rationale for request.
- STEP 4:** If the Application is not supported by both Principals, the Parent/Guardian may appeal the decision by submitting the Application and supporting documentation to the Associate Superintendent of Schools. The Parent/Guardian will receive a formal letter from the Associate Superintendent of Schools advising them of the decision.
- STEP 5:** If the Application is denied by the Associate Superintendent of Schools, the Parent/Guardian may appeal the decision by submitting the Application, with additional supporting documentation, to the Superintendent of Schools. The Parent/Guardian will receive a formal letter from the Superintendent of Schools advising them of the decision.
- STEP 6:** If the Application is denied by the Superintendent of Schools, the Parent/Guardian may appeal the decision by submitting the Application, with additional documentation, to the RVS Corporate Secretary for a final appeal by the Board of Trustees. The Parent/Guardian will receive a formal letter from the RVS Corporate Secretary advising them of the decision of the Board of Trustees.

**The Parent/Guardian will be responsible to provide transportation for their child to the RVS REQUESTED school, or the nearest RVS bus stop, if there is space available.**

**PART A: Parent/Guardian to complete section below.**

Student Name:		Date of Birth: <span style="margin-left: 20px;">_____</span> <span style="margin-left: 20px;">_____</span> <span style="margin-left: 20px;">_____</span>
<input type="checkbox"/> Male <input type="checkbox"/> Female	(last)                      (first)                      (middle)	(month)                      (day)                      (year)
<b>CURRENT</b> School:	<b>CURRENT</b> Grade:	<b>DESIGNATED</b> School:
<b>REQUESTED</b> School:	<b>REQUESTED</b> Grade:	Requested for the 20 _____ - 20 _____ school year(s)
Name of Parent/ Guardian		Address:  Postal Code:
	(last)                      (first)                      (middle)	
Home Ph. (    )	Bus. Ph. (    )	Cell Ph. (    )
Email Address:		
<b>Signature of Parent/Guardian/Independent Student:</b>		<b>Date of Request:</b>

**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 DESIGNATED school to complete section below.**

<input type="checkbox"/> Support Request  <input type="checkbox"/> Do Not Support Request	Rationale:
Signature of Principal:	Date:

**PART C: Principal of REQUESTED school to complete section below.**

<input type="checkbox"/> Support Request  <input type="checkbox"/> Do Not Support Request	Rationale:
Signature of Principal:	Date: