[ ]  *Student residing within Division* *[ ]  Student residing outside Division*

|  |
| --- |
| **Transfer requests for a particular school may be approved only if space, resources & required programming are available at the RVS REQUESTED school** |
| **STEP 1:** Parent/Guardian completes (**PART A)** and meets with the Principal of the RVS **DESIGNATED** school to discuss the rationale for the Out-of-Attendance Area Application.**STEP 2:** The Principal of the RVS **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.**STEP 4:** If the Application is not supported, 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. |
| **Parent/Guardian will be responsible to provide transportation to the RVS REQUESTED school, or the nearest RVS bus stop, if there is space available.** |
|  |
| **PART A: Parent/Guardian/Independent Student to complete section below.** |
| Student Name: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(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[ ]  Mr. [ ]  Mrs.[ ]  Ms. [ ]  Dr. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (last) (first) Email Address:   | Home Phone: Business Phone: Cell:  |
| Name of Parent/Guardian/Independent Student[ ]  Mr. [ ]  Mrs.[ ]  Ms. [ ]  Dr. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (last) (first) Email Address:   | Home Phone: 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 DESIGNATED school to complete section below.** |
| Signature of Principal to indicate meeting with family has occurred:  | Date: |

|  |
| --- |
| **PART C: Principal of REQUESTED school to complete section below.** |
| [ ]  Approved[ ]  Not Approved  | Rationale: |
| Signature of Principal:  | Date: |

* ­Reference: AP305 School Attendance Areas