

☐ 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 at schools@rockyview.ab.ca. 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:	_____		Date of Birth: _____
	(last)	(first) (middle)	(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	_____		Home Phone:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	(last) (first)	Business Phone:	
	Email Address:	Cell:	
Name of Parent/ Guardian/Independent Student	_____		Home Phone:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	(last) (first)	Business Phone:	
	Email Address:	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:
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PART C: Principal of REQUESTED school to complete section below.

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Rationale:
Signature of Principal:	
Date:	

- Reference: AP305 School Attendance Areas