Halton District School Board

Application for Elementary Out of Area Transfer Request

Procedures and Conditions

1. Application forms are to be obtained from, and returned to, the designated home school.
   a) Applications will be accepted January and February of each year (See Schools Open to Elementary Out of Area Transfer List);
   b) Late applications will be considered but decisions may not be made or communicated until after the third week in September.
2. Consideration for placement in the requested school is based on:
   a) Availability of student spaces and resources; b) nature of the request; c) compliance to Ministry class size caps.
3. It is understood that:
   a) Parents requesting an out of area transfer will speak with the designated home school principal prior to submitting an Out of Area Transfer Request Application form;
   b) Upon receipt, the home school will discuss and forward the application to the receiving school;
   c) If the request is granted, the Board will not provide transportation for the student..
4. Mid-Year applications will be reviewed and considered upon receipt. Follow the application management process outlined in the Administrative Procedure.
5. The receiving school principal will contact the applicant regarding the decision (complete the paperwork and attach Appendix C).

Student I.D. # ***I.P.R.C.:*** ***Yes___*** ***No ___***
French Immersion: ***Yes___*** ***No___***

Student's Name: _____ Application Date: _____
Given Names Surname Day Month Year

Student's Address: _____ Telephone (_____) _____
Street Town/City Postal Code Area Code

Birth Date: _____ Parent/Guardian Email: _____

Designated Home Elementary School: _____

Present School: _____ Present Grade: _____

Requested School: _____ Grade Level: _____

Open ☐ Closed ☐ If granted, placement to commence: _____

Date / Time Received: _____ _____
Signature of Home School Principal

Reason for Request

_____ _____
Name of Parent or Guardian (please print) Signature of Parent or Guardian

To be Completed by the Receiving School (Attach Appendix C to Parent's copy of Decision)

Date Received: _____ Approved ☐ Not Approved ☐

Complete one:

A. Student has been accepted at _____ in _____.
Name of School Program/Year/Grade

Special Conditions: _____
_____

B. Student has not been accepted because: _____

Signature of Receiving School Principal _____

When complete, forward copies to: Applicant, Home School, and Superintendent - If Denied

Personal information is collected on this form in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56, and is collected under the authority of the Education Act, R.S.O. 1990, c. E.2. Personal information will be used for purposes related to the regular operational requirements of the educational and administrative functions of the Halton District School Board. For additional information about how the HDSB uses personal information please see the HDSB Statement of Personal Information Practices or, contact your school Principal or email privacy@hdsb.ca.