



**School District No. 43 (Coquitlam)**  
**APPLICATION FOR CROSS-CATCHMENT TRANSFER (GR. 1-12)**  
 or  
**CONFIRMATION OF SIBLING STATUS**

Complete the form below to request a change of your son or daughter's school for September 2018. This form must be submitted to the School District Office in person (550 Poirier St., Coquitlam) no later than 4:30 pm February 15, 2018. **CRITERIA FOR APPROVAL:** is based on space/facilities and program availability. **PRIORITY:** (1) catchment area child; (2) non-catchment area child; (3) non-district area child. Where space is limited, applications will be considered based on date and time received.

**APPLICANT – STUDENT INFORMATION**

Female       Male       Preferred Gender

Last Name _____		First Name _____	Birthdate – yyyy/mm/dd _____
Unit _____	Number _____	Street Name _____	
City _____		Postal Code _____	
Home Telephone _____		Parent Guardian Work/Cell Phone _____	
Name of school student is attending at present: _____			
Student's <u>present</u> grade level: _____		Student number: _____	
(If possible please provide)			

You must complete either 'Part A' Confirmation of sibling status; or 'Part B' Cross Catchment request.

**PART A: CONFIRMATION OF SIBLING STATUS**

**Note:** Siblings of students in attendance at a school are considered as a catchment area child for that school. However, the sibling must be in attendance in the school (program) when the new student starts the program. If this applies to you, and you want your child to attend the same school as their sibling, please provide the following information:

Indicate school assigned: \_\_\_\_\_

Sibling Information:    Name: \_\_\_\_\_

                                  School attending: \_\_\_\_\_

                                  Birthdate: \_\_\_\_\_      Grade in 2018/2019: \_\_\_\_\_

**PART B: CROSS CATCHMENT REQUEST (for September 2018)**

Indicate school assigned: \_\_\_\_\_

Indicate your **First Choice** for your school requested: \_\_\_\_\_

Indicate your **Second Choice** for your school requested: \_\_\_\_\_

Please choose the program that applies to your child:       English       French

**Note:** Only students enrolled or accepted to be enrolled in French Immersion Program can apply for cross catchment to another French Immersion Program.

**PARENT/ GUARDIAN:**

Name: \_\_\_\_\_      Signature: \_\_\_\_\_

Email: \_\_\_\_\_      Date: \_\_\_\_\_

(Please print clearly)

<b><u>District Office Use Only:</u></b>	
Date Received: _____	Time Received: _____