



School District No. 43 (Coquitlam)

APPLICATION FOR CROSS-CATCHMENT TRANSFER (KINDERGARTEN)

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		
NOTE: child must be registered at their Catchment School before requesting a transfer.					
Name of school child is registered at: _____					

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:

Sibling Information: Name: _____
School sibling attending: _____
Birthdate: _____ Grade in 2018/2019: _____

PART B: CROSS CATCHMENT REQUEST (for September 2018)

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)

District Office Use Only:

Date Received: _____ Time Received: _____