

OUT-OF-AREA TRANSFER APPLICATION

This form is used to request a transfer to a school outside the student's attendance area. Transfer applications will be considered for the following exceptional circumstances:

- Permit siblings to attend the same school.
- Respond to a situation that significantly affects the education, health or safety of a student. There must be well-documented evidence that the change is necessary to meet the student's needs.

Applications are dealt with on a case-by-case basis. There is no guarantee that a request will be approved.

You must contact the superintendent of the student's current or attendance area school before completing this form.

STUDENT INFORMATION	
Today's date (YYYY-MM-DD):	Student's date of birth (YYYY-MM-DD):
Student's first name:	Student's last name:
Student's home address (principal residence):	
City or town:	Postal code:
Current school:	
Requested school:	
School year applying for □ Current school year □ Next sch	ool year
Current grade or last grade completed: Grade s	student will be in at time of transfer, if approved:
Sibling in requested school? ☐ Yes ☐ No	
Sibling's first name:	Sibling's last name:
Please explain why you are applying for an out-of-area reques support your request.	t. Please note that we may ask for additional information to

PERSON FILLING OUT THIS FORM (PARENT/GUARDIAN OR STUDENT IF 16 OR OLDER) _____ Last name: __ First name: _ _____ Other daytime phone: ___ Daytime phone: __ Email address: You must contact the superintendent of the student's current or attendance area school before completing this form. Name of superintendent contacted: Date of contact: Form of contact: ☐ Phone call ☐ Email ☐ Meeting TO SUBMIT THIS APPLICATION, PLEASE DO ONE OF THE FOLLOWING: Save the form as a PDF and email it to publicschools@gov.yk.ca. Print the form, scan it, and email it to publicschools@gov.yk.ca. Print the form and fax it to 867-393-6339. Deliver or mail it to the Education Building, 1000 Lewes Boulevard, Box 2703, Whitehorse, YT, Y1A 2C6. If your request is for the current school year, you will receive our decision within two weeks. If your request is for the next school year, you will receive our decision by May 1. If you have questions about this form, please call the Superintendents' office: 867-667-5068. Your personal information is being collected under the authority of the Education Act and the Access to Information and Protection of Privacy Act (ATIPP) and will be managed in accordance with the ATIPP Act. For more information about the collection, use and disclosure of your personal information, please contact Yukon Education's ATIPP Coordinator at (867) 667-8326. FOR OFFICE USE ONLY Request reviewed by (Superintendent): _____ Notes: __ Decision: ☐ Approved ☐ Not approved Notification sent (date) (YYYY-MM-DD):