Medicine Hat Public School Division
601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

MEDICINE HAT PUBLIC BOARD OF EDUCATION OPERATES AS MEDICINE HAT PUBLIC SCHOOL DIVISION,
AND FOR THE PURPOSE OF THIS DOCUMENT WILL BE REFERRED TO AS "MHPSD" AND/OR "DIVISION"

SECTION 800 – Facilities and Transportation

ADMINISTRATIVE PROCEDURE - EXHIBIT: APPLICATION TO ATTEND A SCHOOL OUTSIDE DESIGNATED ATTENDANCE AREA

EXHIBIT CODE:	*802 E 001*
Policy Reference: 802 – Registration Process and School Attendance Areas	

EXHIBIT

See below for application form.

Approved: May 17, 2005
Revised: June 17, 2014

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APPLICATION TO ATTEND A SCHOOL OUTSIDE DESIGNATED ATTENDANCE AREA

(To be completed if transfer request occurs after the start of the school year or new semester)

Please read the attached School Division Policy on school attendance areas before completing this form.

Student's Name: _____ Grade: _____

Street Address: _____ Postal Code: _____

Student is residing with: Both Parents / Mother / Father / Guardian / Other (please circle)

Father's Name:	_____	Mother's Name:	_____
Home Phone:	_____	Home Phone:	_____
Work Phone:	_____	Work Phone:	_____
Cell Phone:	_____	Cell Phone:	_____
Address:	_____	Address:	_____
	_____		_____

Presently Attending: _____ Attendance Area School: _____

Requesting to Attend: _____ Student will be entering Grade: _____

Have you spoken to the principal of the school where your child is currently enrolled? ☐ Yes ☐ No
Please note: Mid-year transfers require the current principal to be contacted by the parent.

Prior school(s) attended:

1. _____ Grade(s): _____ Date last attended: _____

2. _____ Grade(s): _____ Date last attended: _____

1. Reason(s) for the requested change (attach letter if insufficient space):

_____

_____

2. Academic History (most current report card preferred):

_____

_____

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3. Describe special programs, classes or extra assistance provided by previous schools (e.g. Learning Assistance, Speech, Counselling): _____

_____

_____

4. Attendance/Behaviour/Socio-Emotional needs (attached and/or faxed):

_____

_____

Please note: Failure to disclose pertinent information or inaccurate information may adversely affect the success of the application. The school administrator will consult with designated/current school.

_____ _____

(Student Signature) (Parent/Guardian Signature)

NOTE: Transportation may be the responsibility of the parent if attendance is out of boundary.

Return this completed form to the principal of the school to which you are requesting your child be allowed to attend.

Section 2 – To be completed by the school where application to attend is being made.

☐ Approved ☐ Not Approved

Parent notified of the decision: _____
(Date)

_____
(Principal/Designate Signature)

Copies of completed form to: Student, Parent/Guardian, Receiving School, Designated/Current School, Deputy Superintendent: Human Resources