



Superintendent Assigned To: _____

Outside of Attendance Area Request

Date of Application: _____

This form is to be used for students who are seeking to attend a school in the Good Spirit School Division other than their designated attendance-area school.

To find which school serves your address, visit our website at gssd.ca or click on the following link [School Locator](#).

GSSD Procedure: (AP 305)

5.1 The Director or designate shall review the request received. These factors may be considered:

- 5.1.1 size of class to receive transfer
- 5.1.2 reasons for the request
- 5.1.3 attendance record
- 5.1.4 ability to provide program needs
- 5.1.5 transportation services

Refer to [Administrative Procedure 305 - School Attendance Areas](#) for additional information.

STUDENT INFORMATION

Include names of pre-school and school aged children

LEGAL Last Name,	First Name	Middle Name	Date of Birth (mm/dd/yyyy)	Age	Grade (at time of transfer)

Anticipated entry date: _____

Physical Address: *(where student lives)*

Unit/House #: _____ Street: _____

City: _____ Province: _____ Postal Code: _____

Quarter: _____ Section: _____ Township: _____ Range: _____ Meridian: _____

Current School Information

What school(s) does your child(ren) currently attend? _____

PARENT/GUARDIAN INFORMATION

Student(s) lives with: Both Parents Mother Father Guardian Other please specify _____

Is there a custody order in place? Yes No *(If yes, please provide a copy of the agreement)*

Relationship to student:

Father Mother Guardian Other _____

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Relationship to student:

Father Mother Guardian Other _____

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Name of school within your attendance area: _____

Name of school that you are applying to attend: _____

Rationale for applying outside of attendance area:

How will your child(ren) be transported to and from the school outside of your attendance area?

Signature of Parent: _____

Please note:

- Application forms must be submitted to the Director of Education by **May 15th**. Please email completed form to donna.court@gssd.ca or mail/drop off at 5B Schrader Dr., Box 5060, Yorkton, SK, S3N 3Z4.
- Applicants who have submitted their application on time will be advised of the decision by **June 15th**.

FOR OFFICE USE ONLY:

School utilization rates: _____	Additional Comments:
Application Approved	
Application not approved due to:	
Principal consulted by Director/Designate	Superintendent of School consulted
Date of Parental Notification: _____	
Signature of Director or Designate: _____	