*Student residing within Division*  *Student residing outside Division*

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| **Transfer requests for a particular school may be approved only if space, resources & required programming are available at the RVS REQUESTED school** | | | |
| **STEP 1:** Parent/Guardian completes (**PART A)** and meets with the Principal of the RVS **DESIGNATED** school to discuss the rationale for the Out-of-Attendance Area Application.  **STEP 2:** The Principal of the RVS **DESIGNATED** school signs (**PART B**) to indicate a meeting with the Parent/Guardian has occurred.  **STEP 3:** If still interested, the Parent/Guardian may submit the Application to the Principal of the **REQUESTED** school with rationale for request.  **STEP 4:** If the Application is not supported, the Parent/Guardian may appeal the decision by submitting the Application and supporting documentation to the Associate Superintendent of Schools. The Parent/Guardian will receive a formal letter from the Associate Superintendent of Schools advising them of the decision.  **STEP 5:** If the Application is denied by the Associate Superintendent of Schools, the Parent/Guardian may appeal the decision by submitting the Application, with additional supporting documentation, to the Superintendent of Schools. The Parent/Guardian will receive a formal letter from the Superintendent of Schools advising them of the decision.  **STEP 6:** If the Application is denied by the Superintendent of Schools, the Parent/Guardian may appeal the decision by submitting the Application, with additional documentation, to the RVS Corporate Secretary for a final appeal by the Board of Trustees. The Parent/Guardian will receive a formal letter from the RVS Corporate Secretary advising them of the decision of the Board of Trustees. | | | |
| **Parent/Guardian will be responsible to provide transportation to the RVS REQUESTED school, or the nearest RVS bus stop, if there is space available.** | | | |
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| **PART A: Parent/Guardian/Independent Student to complete section below.** | | | |
| Student Name:  Male  Female | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (last) (first) (middle) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: (month) (day) (year) |
| **CURRENT**  School: | | **CURRENT**  Grade: | **DESIGNATED**  School: |
| **REQUESTED**  School: | | **REQUESTED**  Grade: | Requested for the 20 \_\_\_\_\_\_ - 20 \_\_\_\_\_\_ school year |
| Residence Address:  (or 911 Address) | | | Postal Code: |
| Name of Parent/  Guardian/Independent Student  Mr.  Mrs.  Ms.  Dr. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (last) (first)  Email Address: | | Home Phone:  Business Phone:  Cell: |
| Name of Parent/  Guardian/Independent Student  Mr.  Mrs.  Ms.  Dr. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (last) (first)  Email Address: | | Home Phone:  Business Phone:  Cell: |
| **Signature of Parent/Guardian/Independent Student:** | | | **Date of Request:** |
| **ATTACH A LETTER OF RATIONALE** that must specify in detail the educational, psychological/emotional, or medical needs of your child and why the **REQUESTED** school would be better able to meet those needs (attach letters of support from trained professionals). | | | |

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| **PART B: Principal of DESIGNATED school to complete section below.** | |
| Signature of Principal to indicate meeting with family has occurred: | Date: |

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| **PART C: Principal of REQUESTED school to complete section below.** | | |
| Approved  Not Approved | Rationale: | |
| Signature of Principal: | | Date: |

* ­Reference: AP305 School Attendance Areas