



**SCHOOL DISTRICT NO. 27 (Cariboo-Chilcotin)
SCHOOL OF CHOICE APPLICATION
2018/19 SCHOOL YEAR**

Excerpt from School District No. 27 Regulations No. 5117 – “Parents will assume responsibility for transportation or any additional costs incurred by the School of Choice registration.”

BEFORE SUBMITTING THIS APPLICATION BE SURE YOUR CHILD IS REGISTERED AT THEIR CATCHMENT SCHOOL (this is for September start dates only)

(To determine catchment school go to www.sd27.bc.ca and place your cursor on the word “School”; under “Directory” choose “Find the Nearest School”; click on “Find Nearest School” green button. Enter your street name, and it will show your catchment schools).

PLEASE PRINT CLEARLY

Student LAST Name:		Student FIRST Name:		Grade in 2018/19:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Telephone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Alternate Telephone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Legal Guardian/Parent Name:			Email Address:	
Physical Address:		City:	Postal Code:	
Mailing Address: <input type="checkbox"/> Same as above		City:	Postal Code:	
Requested School:		Catchment School:	Current School:	
<input checked="" type="checkbox"/> <u>ONLY if requesting program below</u> <input type="checkbox"/> French Immersion - Nesika Elem.	<input checked="" type="checkbox"/> <u>ONLY if requesting program below</u> <input type="checkbox"/> French Immersion - 100 Mile Elem.	<input checked="" type="checkbox"/> <u>ONLY if requesting program below</u> <input type="checkbox"/> Nature Kindergarten - WL		
Is the student at their current school on a previously submitted/approved “School of Choice”? <input type="checkbox"/> Yes <input type="checkbox"/> No				
REASONS FOR REQUEST:				

Parent/Guardian Signature

Upon completion of this form it will be date and time stamped at the school and forwarded to the District Office for processing. You may also return the completed form to the District Office in person or by fax.

Director of Instruction

School District No. 27 (Cariboo-Chilcotin)
350 North Second Avenue
Williams Lake, BC V2G 1Z9
Phone: 250-398-3811
Fax: 250-398-7871

SCHOOL/OFFICE USE ONLY
Date Received: _____
Time Received: _____
Received by (initials): _____

<u>BOARD OFFICE USE ONLY</u>
March 15th Deadline:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Date: _____
After March 15th Deadline:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Date: _____