



Out of Boundary Request Form

Student First Name	<input type="text"/>	School Currently Attending	<input type="text"/>
Student Last Name	<input type="text"/>	Other	<input type="text"/>
Address	<input type="text"/>	School Requesting	<input type="text"/>
City	<input type="text"/>		
Postal Code	<input type="text"/>		

Reason for your request: **If you have moved to a new address within the last 6 months please include proof of residency.**

Does your child have any special needs? Yes No If yes, please explain.

Does your child require ESL? Yes No
If yes, what level of ESL ? A B C D

Parent(s)/Guardian Name	<input type="text"/>	Contact Phone	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Procedures

Complete this form and attach in an email to: outofboundary@wecdsb.on.ca

*If you require further assistance, please contact: 519-253-2481 ext. 1135
or 519-253-2481 ext. 1145*

Please Note: In the event that the Out of Boundary Request is approved, no Board transportation will be provided.

Office Use Only: