ASD-W Policy 319-1 - Appendix B



Request to Release Residents of Anglophone West School District to Attend School in Another District

Before completing please note the following.

- This formal request <u>must</u> be made each and every school year. Where ASD-W grants release, it is
 with the understanding that negotiations with the receiving District to ensure acceptance and
 accommodation at requested school are your responsibility.
- Anglophone West School District is not responsible for transportation. It is your responsibility to contact the receiving district if you are requesting your student to travel on their buses for approval.
- Please print clearly. Thank you.

I wish to request a release from Anglophone West School District (ASD-W) for my child to attend school in: ASD-North ASD-South ASD-East FSD-West FSD-North FSD-South FSD-East upon acceptance from that district.

Student's Name:								
	First Name			Middle Name	l	Last Name		
Current Grade:				Language Program:		EnglishFrench Immersion		
Student's Date of Birth:				Date for Placement:				
	М	D	Y		М	D	Y	
Parent(s)/Guardian(s):								
Address:								
Postal Code:				Home Phone:				
Cell Phone:				Work Phone:				
School student is zoned to attend in ASD-W								
School being requested in receiving District								
Reason for Request:								
Date of Application:				Signature of Parent/Guardian				

To be completed by Requested School District						
Please complete the following confirming approval for this student to attend school in your District.						
Completed forms can be faxed (506-444-5264) or mailed to our office (1135 Prospect Street, Fredericton,						
NB E3B 3B9). Thank you.						
Approval granted	□ Yes	🗆 No				
Conditions, if any:						
Superintendent's			Date of Decision			
Signature						

To be completed by Anglophone West School District					
Approval granted	□ Yes	🗆 No			
Superintendent's			Date of Decision		
Signature					

Copies:	
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Parents / GuardiansFile

Receiving District

□ Zone School