

# ANGLOPHONE EAST SCHOOL DISTRICT

## Request to Release Residents of Anglophone East School District to Attend School in Another District

Before completing please note the following:

- Once request is approved by Superintendent, Parent must confirm student's attendance with Principal of receiving school each school year.
- **Anglophone East School District is not responsible for transportation. It is your responsibility to contact the receiving district for approval if you are requesting your student travel on their buses.**

I wish to request a release from Anglophone East School District for my child to attend school in \_\_\_\_\_  
School District upon acceptance from that district.

Date of Application: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Language Program: \_\_\_ English \_\_\_ French Immersion

Student's Date of Birth: (M/D/Y) \_\_\_\_\_ Date for Placement: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School student is zoned to attend in Anglophone East School District: \_\_\_\_\_

School being requested in receiving District: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ASD-E Principal

\_\_\_\_\_  
Date:

**TO BE COMPLETED BY REQUESTED SCHOOL AND DISTRICT:** Please complete the following confirming approval for this student to attend your school.

Approval Granted: \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
**Principal** of Receiving School  
*Direction de lécole qui reçoit l'élève*

\_\_\_\_\_  
Date of Decision

Please complete the following confirming approval for this student to attend school in your District:

Approval Granted \_\_\_ Yes \_\_\_ NO

\_\_\_\_\_  
**Superintendent** of Receiving District  
*Direction générale du District qui reçoit l'élève*

\_\_\_\_\_  
Date of Decision

**TO BE COMPLETED BY SUPERINTENDENT OF ANGLOPHONE EAST SCHOOL DISTRICT:** Approval Granted \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
**Superintendent**

\_\_\_\_\_  
Date of Decision

INSTRUCTIONS

1. Parent/Guardian fills out top part of form and signs where indicated and has Principal of the ASD-E School they are attending sign the form.
2. Parent brings form to school they wish to attend in another District and the Principal signs the forms and forwards it to their Superintendent to sign.
3. Superintendent of other District signs form and sends it to our Superintendent for signature.
4. Our office sends approved form to receiving school and receiving District.