



# Out-of-Area (OOA) Exemption Request Form

## Thames Valley District School Board

☐ New Request☐ Review for Continuance☐ IEP

\*\*All lines must be filled and PRINTED clearly

### Application For Students to Attend a School OUTSIDE of their Surrounding School Area

Date of Application (M/D/Y): \_\_\_\_\_

Student's current Grade: \_\_\_\_\_

Student's FIRST Name: \_\_\_\_\_

Student's LAST Name: \_\_\_\_\_

Student's DOB (M/D/Y): \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Street Number

Street Name

City/Town

Postal Code

Parent/Guardian's Full Name: \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

What is your Designated Home (In-area) School?

What OOA School are you Requesting to Attend?

School Name: \_\_\_\_\_

School Name: \_\_\_\_\_

### Please FILL in the Section Below if Requesting to Attend an OOA School:

Name of student's current School: \_\_\_\_\_

Requested Transfer Start Date: \_\_\_\_\_

Reason for this OOA Request (clearly state your reason by outlining the benefits of attending this school and not your Home school):

Applied to a Special Program?

☐ No

☐ Yes - Name of Program: \_\_\_\_\_

☐ I UNDERSTAND THAT TRANSPORTATION TO THE OUT-OF-AREA SCHOOL WILL BE THE RESPONSIBILITY OF THE FAMILY.

☐ I CONFIRM THAT THE INFORMATION FILLED ON THIS FORM IS CORRECT.

\*\*Parent/Guardian Signature: \_\_\_\_\_

### Section is for Office Use ONLY:

Date this Application was received by the School Administrator: \_\_\_\_\_

School Administrator's Comments: \_\_\_\_\_

School Administrator's Signature: \_\_\_\_\_

In discussion of the Superintendent of Student Achievement and Out-of-Area School, this student is:

☐ Approved

☐ Not Approved

Communication with the Parent/Guardian of the status occurred on: \_\_\_\_\_

\*Copy to be provided to the Superintendent of Student Achievement of Requested Out-of-Area School\*

**Notice of Collection:** The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 c.E.2) as amended. The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose. Information is shared with employees such that they may carry out their job duties. In addition the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with any other Act. For questions about this collection, contact the Board's Freedom of Information Coordinator, Thames Valley District School Board, 1250 Dundas Street, London, Ontario, N6A 5U, Telephone 519-452-2000 ext. 20218.