



TEMPORARY AUTHORIZATION REQUEST FORM 2015-2016

(To be completed if the child has moved to another WQSB school catchment during the school year)
Please read important information below

INFORMATION & CONDITIONS

Parent/guardian is required to complete the "Temporary Authorization Request Form" if they have moved to another WQSB school catchment within the current school year and want to request that the child remains in the same school for the remainder of the school year.

Procedures:

- ◆ A temporary authorization request must be completed for each child and submitted by the parent/guardian to the Department of School Organization by email admissions@wqsb.qc.ca or fax (819) 684-9061.
- ◆ Applications received will be reviewed within 5 working days.
- ◆ Following the review of the application, parents/guardian will be notified in writing of the decision.

Conditions:

- ◆ Parent/guardian is required to apply for a cross-boundary transfer for the upcoming school year. Deadline to apply is May 1. Forms are available online at www.wqsb.qc.ca. Applications for a cross boundary transfer received after May 1, will be reviewed after September 30.
- ◆ Applications are made on an annual basis and are approved for one (1) school year only.
- ◆ Student is not entitled to school transportation.
- ◆ Completion of this application does not constitute an approval of the request.

Student's First Name: _____ Surname: _____

Permanent Address: _____

City/Town: _____ Québec, Postal Code: _____

Applicant's First Name: _____ Surname: _____

E-mail Address: _____ Tel (daytime): _____

Select school in which your child is currently registered and attending classes _____

Select the Cycle/Grade your child is currently attending _____

Select the [Boundary School](#) determined by the street you live on _____

Which program is your child currently enrolled in: English

French Immersion

or Sport Études

Applicant's Signature

With my signature, I confirm that I have read the information above and understand the procedures and conditions of my Temporary Authorization Request.

Applicant's Full Name: _____

Date: _____ Signature: _____

Send completed and signed form to : admissions@wqsb.qc.ca or fax : (819)684 9061

For office use only:

Denied

Entered in GPI

Approved

S.E.

Application received: _____