



CQSB CROSS-BOUNDARY / TRANSFER REQUEST

One form must be completed and submitted **per child**.

Student's Family Name:	Student's First Name:
Permanent address of student	
Civic Number:	Street:
Municipality:	Postal Code:

Parent A	Parent B
First Name:	First Name:
Family Name:	Family Name:
Home Phone Number:	Home Phone Number:
Work Phone Number:	Work Phone Number:
Email Address:	Email Address:

School of territory based on student's address (if needed, use the tool "Find Your School" on the CQSB website: https://www.cqsb.qc.ca/en/web/cscq/find-school):	
<input type="checkbox"/> A. S. Johnson Memorial School	<input type="checkbox"/> Québec High School
<input type="checkbox"/> Dollard-des-Ormeaux School	<input type="checkbox"/> Riverside Regional Elementary School
<input type="checkbox"/> Everest Elementary School	<input type="checkbox"/> Riverside Regional High School
<input type="checkbox"/> Holland Elementary School	<input type="checkbox"/> Shawinigan High School
<input type="checkbox"/> Jimmy Sandy Memorial School	<input type="checkbox"/> New Liverpool Elementary School
<input type="checkbox"/> La Tuque High School	<input type="checkbox"/> St. Patrick's High School
<input type="checkbox"/> MacLean Memorial School	<input type="checkbox"/> Ste-Foy Elementary School
<input type="checkbox"/> Mauricie English Elementary School	<input type="checkbox"/> Three Rivers Academy
<input type="checkbox"/> Portneuf Elementary School	<input type="checkbox"/> Valcartier Elementary School

Please write the reasons for your request below:

If you are requesting a transfer because you are moving outside of your actual school territory, please provide us with the information below:

Moving Date (month/day/year):

New address	
Civic Number:	Street:
Municipality:	Postal Code:

CROSS-BOUNDARY / TRANSFER requested:	
<input type="checkbox"/> During a school year (special circumstances only)	<input type="checkbox"/> For the following school year

A. Name of the school your child is currently attending:	<input type="checkbox"/> <i>Not attending school yet¹</i>	Current Grade Level:	<input type="checkbox"/> <i>Not in school yet¹</i>	<input type="checkbox"/> Secondary 1
	<input type="checkbox"/> A. S. Johnson Memorial School		<input type="checkbox"/> Kindergarten 4	<input type="checkbox"/> Secondary 2
	<input type="checkbox"/> Dollard-des-Ormeaux School		<input type="checkbox"/> Kindergarten 5	<input type="checkbox"/> Secondary 3
	<input type="checkbox"/> Everest Elementary School		<input type="checkbox"/> Grade 1	<input type="checkbox"/> Secondary 4
	<input type="checkbox"/> Holland Elementary School		<input type="checkbox"/> Grade 2	<input type="checkbox"/> Secondary 5
	<input type="checkbox"/> Jimmy Sandy Memorial School		<input type="checkbox"/> Grade 3	<input type="checkbox"/> PreWork Training - WOTP
	<input type="checkbox"/> La Tuque High School		<input type="checkbox"/> Grade 4	<input type="checkbox"/> SemiSkilled Trade - WOTP
	<input type="checkbox"/> MacLean Memorial School		<input type="checkbox"/> Grade 5	
	<input type="checkbox"/> Mauricie English Elementary School		<input type="checkbox"/> Grade 6	
	<input type="checkbox"/> Portneuf Elementary School			
	<input type="checkbox"/> Québec High School			
	<input type="checkbox"/> Riverside Regional Elementary School			
	<input type="checkbox"/> Riverside Regional High School			
	<input type="checkbox"/> Shawinigan High School			
	<input type="checkbox"/> New Liverpool Elementary School			
	<input type="checkbox"/> St. Patrick's High School			
<input type="checkbox"/> Ste-Foy Elementary School				
<input type="checkbox"/> Three Rivers Academy				
<input type="checkbox"/> Valcartier Elementary School				

B. Name of school requested:	<input type="checkbox"/> A. S. Johnson Memorial School	Projected grade level in the requested school:	<input type="checkbox"/> Kindergarten 4 ²	<input type="checkbox"/> Secondary 1
	<input type="checkbox"/> Dollard-des-Ormeaux School		<input type="checkbox"/> Kindergarten 5	<input type="checkbox"/> Secondary 2
	<input type="checkbox"/> Everest Elementary School		<input type="checkbox"/> Grade 1	<input type="checkbox"/> Secondary 3
	<input type="checkbox"/> Holland Elementary School		<input type="checkbox"/> Grade 2	<input type="checkbox"/> Secondary 4
	<input type="checkbox"/> Jimmy Sandy Memorial School		<input type="checkbox"/> Grade 3	<input type="checkbox"/> Secondary 5
	<input type="checkbox"/> La Tuque High School		<input type="checkbox"/> Grade 4	
	<input type="checkbox"/> MacLean Memorial School		<input type="checkbox"/> Grade 5	
	<input type="checkbox"/> Mauricie English Elementary School		<input type="checkbox"/> Grade 6	
	<input type="checkbox"/> Portneuf Elementary School			
	<input type="checkbox"/> Québec High School			
	<input type="checkbox"/> Riverside Regional Elementary School			
	<input type="checkbox"/> Riverside Regional High School			
	<input type="checkbox"/> Shawinigan High School			
	<input type="checkbox"/> New Liverpool Elementary School			
	<input type="checkbox"/> St. Patrick's High School			
	<input type="checkbox"/> Ste-Foy Elementary School			
<input type="checkbox"/> Three Rivers Academy				
<input type="checkbox"/> Valcartier Elementary School				

¹ PreK consists in a private service offered by some of our schools. It's not considered as a grade level.

² If available.

Name of sibling(s) currently attending the REQUESTED school	Current Grade Level
Sibling A:	
Sibling B:	
Sibling C:	

Does your child require specialized services, extra help or support in school?	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
	Please provide a short description of the services needed:

IMPORTANT:

- Completion of this application does not constitute an approval of the request.
 - o If you are requesting a transfer for the next school year during the official CQSB Registration Period, an answer will be given to you by June 30th of the current school year.
 - o If you are requesting a transfer for the next school year after the official CQSB Registration Period, an answer will be given to you by August 31st.
 - o If you are requesting a transfer during a school year, an answer will be given to you in 30 days following the reception of your request by educationalservices@cgsb.qc.ca
- Please note that transportation is not provided for approved cross-boundary / transfers which are not on the school's territory. Transportation is only provided for students who live on the school's territory.
- Once a request for cross-boundary/transfer has been granted, it is binding and cannot be revoked during the school year.

Parent's Name: (printed)	
Parent's signature:	Date (year/month/day):

Any incomplete form will be returned to parents for completion. The official reception date will be the date when the completed form will have been received at the email address below.

Please return this form to: educationalservices@cgsb.qc.ca

OFFICE USE ONLY	
Approved: <input type="checkbox"/>	Refused: <input type="checkbox"/>
School of origin:	Reason for Refusal:
Departure Date:	
Requested School:	
Start Date:	
Shared with TRANSPORTATION (date)	