



Out-of-Zone Application Form

In order to request an out-of-zone placement for your child, please complete the following:

Parent(s)/Guardian(s) Name:

Address Postal Code

☐ Catholic ☐ Non-Catholic Catholic (Separate) School Supporter ☐ Yes ☐ No

Phone - Home: Cell: Work:

School Requesting:

Child(s) name and grade they are entering:

Name: Grade:

Name: Grade:

Previous School Attended(if any):

Caregiver's Name:

Address:

Reason for Out of Zone Request:

If approved, transfer to take place effective:

- ☐ immediately _____
☐ for the beginning of the upcoming school year: September

Please Note: Parent(s)/Guardian(s) will assume the responsibility of daily transportation of the child to and from school, for any approval granted.

Send by regular mail to:

Attention: Superintendent of Education Responsible for Special Admissions
Huron-Superior Catholic District School Board
100 Ontario Avenue, Sault Ste. Marie, ON P6B 1E3

or email to: frontdesk@hscdsb.on.ca