Request to Release Residents of Anglophone West School District to Attend School in Another District

Before completing, please note the following:

- This formal request **must** be made each and every school year. Where ASD-W grants release, it is with the understanding that negotiations with the receiving District to ensure acceptance and accommodation at requested school are your responsibility.
- Anglophone West School District is not responsible for transportation. It is your responsibility to contact the receiving district if you are requesting your student to travel on their buses for approval.
- Please print clearly. Thank you.

I wish to request a release from Anglophone West School District (ASD-W) for my child to attend school in: ☐ ASD-North ☐ ASD- South ☐ ASD-East ☐ FSD-West ☐ FSD-North ☐ FSD-South ☐ FSD-East upon acceptance from that district.

Student's Name:	First Name		Middle Name		Last Name		
Current Grade:			Language Program:		☐ English ☐ French Immersion		
Student's Date of Birth:	M	D	Y	Date for Placement:	M	D	Y
Parent(s)/Guardian(s):							
Address:							
Postal Code:			Home Phone:				
Cell Phone:			Work Phone:				
School student is zoned to attend in ASD-W							
School being requested in receiving District							
Reason for Request:							
Date of Application:			Signature of Parent/Guardian				

To be completed by Requested School District			
Please complete the following confirming approval for this student to attend school in your District. Completed forms can be faxed (506-444-5264) or mailed to our office (20 Knowledge Park Drive, Fredericton, NB E3C 2P5). Thank you.			
Approval granted	☐ Yes ☐ No		
Conditions, if any:			
Superintendent's Signature		Date of Decision	

To be completed by Anglophone West School District			
Approval granted	☐ Yes ☐ No		
Superintendent's Signature		Date of Decision	

Copies: ☐ Parents / Guardians ☐ Receiving District ☐ Zone School ☐ File ☐ Transportation Services