



School District No. 28 (Quesnel)

Policy No. 310 – SCHOOL OF CHOICE REQUEST

ATTACHMENT “A”

Student’s Name: _____ Current Grade: _____

Address of Residence: _____

Name of School presently attending: _____

Name of Neighbourhood School: _____

School Preference: _____

Reason for this preference (if not neighbourhood school):

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Telephone: _____

Office Use Only

Received by: _____

School: _____

Date and Time: _____