

PERSON FILLING OUT THIS FORM (PARENT/GUARDIAN OR STUDENT IF 16 OR OLDER)

First name: _____ Last name: _____

Daytime phone: _____ Other daytime phone: _____

Email address: _____

You must contact the superintendent of the student's current or attendance area school before completing this form.

Name of superintendent contacted: _____ Date of contact: _____

Form of contact: Phone call Email Meeting

TO SUBMIT THIS APPLICATION, PLEASE DO ONE OF THE FOLLOWING:

- Save the form as a PDF and email it to publicschools@gov.yk.ca.
- Print the form, scan it, and email it to publicschools@gov.yk.ca.
- Print the form and fax it to 867-393-6339.
- Deliver or mail it to the Education Building, 1000 Lewes Boulevard, Box 2703, Whitehorse, YT, Y1A 2C6.

If your request is for the current school year, you will receive our decision within two weeks.

If your request is for the next school year, you will receive our decision by May 1.

If you have questions about this form, please call the Superintendents' office: 867-667-5068.

Your personal information is being collected under the authority of the *Education Act* and the *Access to Information and Protection of Privacy Act* (ATIPP) and will be managed in accordance with the ATIPP Act. For more information about the collection, use and disclosure of your personal information, please contact Yukon Education's ATIPP Coordinator at (867) 667-8326.

FOR OFFICE USE ONLY

Request reviewed by (Superintendent): _____

Notes: _____

Decision: Approved Not approved

Notification sent (date) (YYYY-MM-DD): _____