



## Student Transfer Application Form

Transfer Initiated By:  Parent  School Principal

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**This section is to be completed by the parent or guardian.**

Student Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Home Address: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

School Scheduled to Attend for Next School Year: \_\_\_\_\_

School Requested for Transfer: \_\_\_\_\_

Catchment Area School (by home address): \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade for next September (September, 20\_\_\_\_): \_\_\_\_\_

Program: \_\_\_\_\_

**Reason(s) for Transfer Request:** (please check the appropriate box below and provide a brief explanation)

Educational Program  Medical Needs (includes social/emotional)  Family Grouping

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Declaration:** I understand that transportation may not be available for my child. I understand that, unless otherwise determined by the School Board Office, any transfers of out-of-catchment students will be processed after Labour Day of the next school year, and that catchment area students will have priority enrollment status at that school. I support this request for transfer.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**This section is to be completed by the catchment area/current school.**

The student's file and MyEd profile have been checked for legal notes and court orders:  YES  NO  
This request has been discussed with the parent(s)/guardian(s):  YES  NO

Catchment Area School Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Date the completed form was received at the requested school: \_\_\_\_\_