Out-of-District Transfer Form

Form 502-C

The information on this form is collected under the authority of the *School Act*. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation and operational analyses. It will be kept secure and confidential, in accordance with the *Freedom of Information and Protection of Privacy Act*.

FOR OFFICE USE ONLY
(Please do not accept forms from parents that are not within your school catchment area)

COMPLETING THE TRANSFER REQUEST PROCESS *(check boxes when completed)*

☐ Form is completed, signed, and dated by parents and checked by clerical staff.

☐ Send copy to desired school

☐ Send copy to School Board Office *within 5 days of parents dating & signing.*

_____ _____
Principal's Signature (catchment school) Date

Application for Transfer Permit (Out-of-District)

This form is to be completed and signed by those parents/guardians who wish to register their children in a school which does not service the normal attendance area where they reside.

Before this application is presented for consideration, it must be completed and signed by the parent. It is then to be presented to the principal of the catchment school. Copies will be forwarded to the Superintendent's office and to the principal of the school to which the student wishes to transfer.

Student Information

Last Name: _____ First Name: _____

Birthdate: _____/_____/_____
Day Month Year

Phone: _____ Street Address: _____ Apt#: _____
House # Street Name

Box #: _____ City: _____ Postal Code: _____

Email: _____

Present Grade: _____ Grade next September: _____ Present School: _____

Catchment School: _____ Transfer School: _____

Have you applied to another school in the district? _____

Reason for transfer request: _____

Parent/Guardian Signature

I fully understand that final approval for this request may not be granted until the end of the first week of September and that the Board will not assume responsibility for transportation.

Parent/Guardian Signature: _____ Date: _____