



## SCHOOL DISTRICT NO. 8 (KOOTENAY LAKE)

811 Stanley Street, Nelson, BC V1L 1N8

Before completing form, please  
review Board Policy  
#410 School Choice & Catchments

## STUDENT TRANSFER REQUEST FORM

**PLEASE RETURN TO CURRENT CATCHMENT SCHOOL FOR PRINCIPALS SIGNATURES. INCOMPLETE FORMS WILL NOT BE PROCESSED.**

**PLEASE COMPLETE A SEPARATE FORM FOR EACH STUDENT – Please print clearly**

**\* ALL MANDATORY FIELDS MUST BE COMPLETED**

\*Date/Time Received  
by School: \_\_\_\_\_

\*Date of Application: \_\_\_\_\_

\*NAME OF STUDENT: \_\_\_\_\_ \*For Transfer Effective/School Year: \_\_\_\_\_  
Given Name(s) Last Name

\*Birth Date: \_\_\_\_\_ \*Present Grade: \_\_\_\_\_ \*Grade in September: \_\_\_\_\_  
Day/Month/Year

\*Physical Address: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Mailing Address (if different): \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Name of Parent(s)/Guardian(s): \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Current or Catchment Area School \_\_\_\_\_ \*Requested School: \_\_\_\_\_

\*Reason for Request  
\_\_\_\_\_  
\_\_\_\_\_

\*Is the student on an IEP (Individual Education Plan) or receiving learning assistance? *If yes, please explain*  
\_\_\_\_\_  
\_\_\_\_\_

\*Does the student have an Inclusive Education category (eg. severe learning disabled, etc)? *If yes, please explain*  
\_\_\_\_\_  
\_\_\_\_\_

Signature - Director of Inclusive Education (if applicable)

Date

**Transportation:**

Bussing to schools outside the catchment area will **only** be provided if space is available on regular routes and bussing fees will apply. Please contact the Transportation Coordinator for availability at 250-354-4871 ext #204  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

Date:

Principal Signature - Current Catchment School

Date:

Principal Signature - Requested School

Date:

SPACE AVAILABLE  YES  NO

RECEIVED AT BOARD  
OFFICE:

approved

not approved

waitlist

**NOTE: All late applications  
will be waitlisted until  
September 2022**

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Time \_\_\_\_\_

Signature - Superintendent of Schools or Designate

Date:

**\*\*APPLICATIONS MUST BE RECEIVED BETWEEN THE FIRST MONDAY IN JANUARY AND THE LAST FRIDAY IN MARCH\*\***