

Student Transfer Request Form

PLEASE SUBMIT A SEPARATE FORM FOR EACH STUDENT AND RETURN TO THE CURRENT CATCHMENT SCHOOL FOR PRINCIPAL'S SIGNATURE.

THE STUDENT MUST BE REGISTERED AT CATCHMENT AREA SCHOOL PRIOR TO REQUESTING A STUDENT TRANSFER.

Date of Application: _____ Transfer effective for: _____ Received by school: _____
dd/mm/yyyy School Year Date & Time

Student: _____ Date of Birth: _____ Grade: _____
First Name Last Name dd/mm/yyyy Present / For September

Physical Address: _____
Street, City, Postal Code

Phone: _____ Email: _____

Legal Guardian 1 Legal Guardian 2

Name: _____ Name: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Current or Catchment Area School: _____ Requested School: _____

Reason for Request: *(Please check one of the below reasons)*

____ Academic ____ Social ____ Convenience for student/family

____ Specialized programs/courses ____ Transportation

Legal Guardian 1 Signature: _____ Date: _____

Legal Guardian 2 Signature: _____ Date: _____

Current Catchment Principal Signature: _____ Date: _____

RECEIVED AT BOARD OFFICE

Date and Time Received: _____

Student address verified through Catchment Map, confirmed catchment school: _____

Comments: _____

Approved: ☐ Not Approved: ☐ Waitlist: ☐ Effective Transfer Date: _____

Assistant Superintendent Signature: _____ Date: _____