



APPLICATION FOR STUDENT TRANSFER

Student's name: _____ Male: ____ Female: ____
Age: _____ Date of Birth: (m/d/y) _____ Grade (entering) _____
Name of Parent/Guardian: _____ Phone: _____
Mailing address: _____ Postal Code: _____
Civic number: _____ Village (or road) name: _____

I hereby make application for my son/daughter to transfer from _____
School to _____ School starting _____ (date).

OR This is a reapplication to continue attending _____ School.

Other siblings already attending school? Yes _____ No _____ If yes, indicate school(s)
_____ Grade level(s) _____

Bus transportation will be required? Yes _____ No _____
This is only possible if a bus is already serving the area and there is sufficient room.

The reason I request this transfer is: _____

Parent/Guardian Signature: _____ Date: _____

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FOR ADMINISTRATION PURPOSES ONLY

Leaving Principal's Signature: _____ Date: _____

Approved: _____ Denied: _____ Comments: _____

Receiving Principal's Signature: _____ Date: _____

Approved: _____ Denied: _____ If denied, comment or reason: _____

Superintendent of School's Signature: _____

Approved: _____ Denied: _____ Date: _____