



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: _____

Transportation: Bussing to schools outside the student's catchment area will only be provided if space is available on regular routes and is not guaranteed on an ongoing basis. Busing fees will apply. Please contact the Transportation department for availability at 250-354-4871.

Legal Guardian 1 Signature: _____ Date: _____

Legal Guardian 2 Signature: _____ Date: _____

Current Catchment Principal Signature: _____ Date: _____

RECEIVED AT BOARD OFFICE

Date: _____ Time: _____ Approved: Not Approved: Waitlist:

Comments: _____

Assistant Superintendent Signature: _____ Date: _____