

## STUDENT TRANSFER REQUEST FORM

The purpose of this application form is to seek a transfer of a student from his or her zoned school to another school under the jurisdiction of the Department of Education, Education Operations Branch (NLSchools). The application will be considered in accordance with the policies of the department. It should be submitted to the Principal of the requested school.

<b>Student Name:</b>		<b>Permanent Family Address:</b>	
<b>Parent or Guardian #1 - Name:</b>			
<b>Parent or Guardian #2 - Name:</b>			
<b>Home Telephone Number:</b>	<b>Cell Phone Number:</b>	<b>Email Address:</b>	

### Student Transfer Request Information\*

A Student Transfer is Requested:	Program Information
From (Name of School):	<b>Program Currently Enrolled: (Check One)</b> <input type="checkbox"/> English <input type="checkbox"/> Early French Immersion <input type="checkbox"/> Late French Immersion <input type="checkbox"/> Other
To (Name of School):	<b>Program Requested: (Check One)</b> <input type="checkbox"/> English <input type="checkbox"/> Early French Immersion <input type="checkbox"/> Late French Immersion <input type="checkbox"/> Other

**Rationale For Transfer Request** *(A separate letter may be attached to this form):*

\*Please be advised that students attending a school other than the school they are zoned to attend, may not be able to avail of busing, even if they were eligible at their zoned school. Students who qualify for alternate transportation are only approved for that transportation at their zoned school. For further information regarding transportation restrictions, contact the Principal.

Authorization:	
<b>Parent or Guardian Signature</b> (OR Student Signature if 19 years of age or older)	Date:
<b>Principal's Signature:</b>	Date:

The personal information requested on this form is collected under the authority of the *Schools Act, 1997*. This information will be used for the general purpose of establishing and/or maintaining a student record and administering educational programming and support services. This information will be treated in accordance with the privacy protection provisions of the *Access to Information and Protection of Privacy Act*. If you require further information on the collection and use of this information, contact the school principal or the ATIPP Coordinator at ATIPP@nlschools.ca.

<b>OFFICE USE ONLY</b>	<input type="checkbox"/> <b>Transfer Accepted</b>	<input type="checkbox"/> <b>Transfer Denied</b>
<b>Rationale</b>		
<b>When Transfer Request is Processed, Please Distribute the Following:</b>		
<input type="checkbox"/> Original – School Principal – Requested School		
<input type="checkbox"/> Copy – School Principal – Zoned School		
<input type="checkbox"/> Copy – NLSchools (Director of Schools - Requested School)		