

Appendix "A"

Application for Student Transfer

Student: _____ Male Female
 Date of Birth (yy/mm/dd): _____ Current Grade: _____
 Parent(s)/Guardian(s): _____
 Civic Address: _____
 Mailing Address: _____ Postal Code: _____

 Phone Numbers: (h) _____ (w) _____ (c) _____
 Email Address: _____

I/We hereby make application for _____ (student's name) to transfer from _____ (name of school) to _____ (name of school) effective _____ (date).

I/We understand that if this transfer is approved, I/we, the parent(s)/guardian(s), will be responsible for transportation to and from school.

Signature of Parent(s)/Guardian(s): _____ Date: _____

Please complete and return this form to Cheryl Veinotte by fax (902-541-3049), email (cveinotte@ssrce.ca), or mail (69 Wentzell Drive, Bridgewater NS, B4V 0A2).

Date Received: _____ Decision: _____

On the next page, please explain the reason(s) for this transfer request.

