

## **IMPORTANT:**

Deadlines for application are September 15 for the full school year or fall semester and February 15 for the spring semester. Requests for student transfers received in the Spring for the upcoming school year will be reviewed throughout the summer and decisions will be communicated prior to school start up. Completed written applications and supporting documentation, if required, must be submitted to the Director of Programs and Student Services.

## **APPENDIX A:**

Strait Regional Centre for Education

## APPLICATION FOR TRANSFER OF STUDENTS REQUEST FORM PARENT/GUARDIAN FORM

Student Name:			Date of Birth:			
	First	Middle	Last		mm/dd/yyyy	
Present School:			Requested Grade	e: Progra	am:	
School Requested:						
Parent/Guardian Nar	ne(s):					
Contact Information and Signature of all legal custodial parent(s)/guardian(s) is required:						
Parent 1 Name:						
Current Civic Addres	ss:					
Mailing Address:				Postal Code:		
Home Telephone:		,	Work Telephone:			
Email:						

Parent 2 Name:	
Current Civic Address:	
Mailing Address:	Postal Code:
Home Telephone:	Work Telephone:
Email:	

**Reason for Request**: Please check the eligible reasons for requesting a student transfer and attach supporting documentation, as appropriate:

Access to educational programs and/or student services not available at their local school.

Educational needs, including those of a physical, medical or social/emotional/behavioral nature.

Change in legal custodianship/guardianship (legal documentation to be provided to the school)

Change in living arrangements (documentation/written agreement provided by legal custodial parent(s)/guardian(s) to the school)

Other (please specify)

Please read and initial each box below and sign the application form to indicate acceptance of the conditions for student transfers.

I understand that, if the transfer is approved, I am responsible to transport my child to and from the receiving school.

I understand that bussing for my child, if approved, may be revoked at any time by the Strait Regional Centre for Education.

I understand that school bus routes and/or stops will **not** be changed to accommodate new student transfers.

I understand that student transfers may be approved if there are no additional transportation and/or staffing costs to the Strait Regional Centre for Education.

Parent(s)/Guardian Signature(s) (Required)		
Parent/Guardian 1:	_ Date	mm/dd/yyyy
Parent/Guardian 2:	_ Date	
		mm/dd/yyyy

For more information, please refer to the Transfer of Students (Client-Initiated) Policy IV-E-7, and supporting procedures, PRO IV-E-7, available in the Policy Manual section of the SRCE website.

## Please submit this application form to:

Director of Programs and Student Services Strait Regional Centre for Education 304 Pitt Street, Unit 2 Port Hawkesbury, NS B9A 2T9 Or by email to: programs@srce.ca