



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/Guardian Comments:

**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