
Application for Mid Year Out of Catchment Student Transfer to Another School

Refer to Administrative Procedure 305 School Boundaries and Student Transfer Requests

Transfer Initiated By: Parent School Principal

The section below is to be completed by the Parent or Guardian.

Student Name: _____ Date of Birth (*mm/dd/yy*): _____

Home Address: _____

School Currently Attending: _____

School Requested for Transfer: _____

Catchment Area School (by home address): _____

Current Grade: _____

Program: _____

Reason(s) for Transfer Request: (*please check the appropriate box below and provide a brief explanation*)

Educational Program

Medical Needs (includes social/emotional)

Family Grouping

Parent Declaration: I understand that transportation may not be available for my child. I understand that, unless otherwise determined by the School Board Office, any transfers of out-of-catchment students will be processed based on available space and suitability of the Educational Program.

Signature of Parent: _____ Date: _____

Parent Email Address: _____ Phone Number: _____

To be completed by the 'home' or 'current' school:

The student's file and MyEd profile have been checked for legal notes and court orders: YES NO

This request has been discussed with the parent(s)/guardian(s): YES NO

This request has been discussed with the receiving principal: YES NO

Home School Principal: _____ Date: _____

Completed form must be returned to the receiving school no later than: _____