



# School District No. 57 (Prince George)

2100 Ferry Avenue, Prince George, BC V2L 4R5  
www.sd57.bc.ca  
250-661-6600

## REQUEST FOR STUDENT TRANSFER

DATE OF REQUEST \_\_\_\_\_ TIME OF REQUEST \_\_\_\_\_

### SCHOOL HISTORY

Current School \_\_\_\_\_ Grade at time of request \_\_\_\_\_  
School Requested \_\_\_\_\_  
Catchment Area School \_\_\_\_\_  
Reason for this Request for Transfer (please be as specific as possible) (if moving, please attach proof of new address)  
\_\_\_\_\_  
\_\_\_\_\_

Sibling attending requested school? Name \_\_\_\_\_ School \_\_\_\_\_ Current Grade \_\_\_\_\_

### STUDENT INFORMATION

Gender Male  Female  Birth Date Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
Legal Last Name \_\_\_\_\_ Preferred Last Name (if different) \_\_\_\_\_  
Legal First Name \_\_\_\_\_ Preferred First Name (if different) \_\_\_\_\_  
Street Address \_\_\_\_\_  
Special Education designation or IEP? No  Yes  If Yes, specify: \_\_\_\_\_

### PARENT(S)/GUARDIAN(S) INFORMATION - LIVING WITH STUDENT

<b>First Parent/Guardian living with student:</b> Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> Relationship _____ Last Name _____ First Name _____ Home # / Street _____ City/Postal Code _____ Home Phone _____ Cell _____ Business Phone _____ Ext. # _____ E-mail _____	<b>Second Parent/Guardian living with student:</b> Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> Relationship _____ Last Name _____ First Name _____ Home # / Street _____ City/Postal Code _____ Home Phone _____ Cell _____ Business Phone _____ Ext. # _____ E-mail _____
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For Separated/Divorced parents: Custody: Joint  Sole  Guardianship: Joint  Sole

### PARENT(S)/GUARDIAN(S) INFORMATION - NOT LIVING WITH STUDENT

<b>Legal Parent:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint Custody <input type="checkbox"/> Joint Guardianship <input type="checkbox"/> Relationship _____ Last Name _____ First Name _____ Home # / Street _____ City/Postal Code _____ Home Phone _____ Cell _____ Business Phone _____ Ext. # _____ E-mail _____	<b>Legal Parent:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Joint Custody <input type="checkbox"/> Joint Guardianship <input type="checkbox"/> Relationship _____ Last Name _____ First Name _____ Home # / Street _____ City/Postal Code _____ Home Phone _____ Cell _____ Business Phone _____ Ext. # _____ E-mail _____
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### PARENT GUARDIAN APPLICATION SIGNATURE

By signing this Request for Student Transfer, I attest that I am the legal parent  or legal guardian  of the above student.

Legal Parent / Legal Guardian Name (Please Print) \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

### SCHOOL / SCHOOL BOARD OFFICE USE

PRINCIPAL (SENDING SCHOOL) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PRINCIPAL (RECEIVING SCHOOL) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
DISTRICT DECISION / APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

The School District cannot guarantee transportation for students who request a transfer to a school outside of their attendance/catchment area.