



Application for Transfer: Elementary Schools

Procedures/Information: For complete details, see Administrative Regulation 6091 - Student Admissions and School Choice

- All students requesting a transfer from one CBE Elementary School to another must complete this Application for Transfer Form.
- Transfer requests will be approved only if space is available in the requested school.
- Continued registration may be limited to the program entered or until the end of Grade 3 or Grade 6 (whichever is next to occur).
- Transfer applications received by March 15 will be processed prior to May 1 of the current school year. Requests received after March 15 may not be considered until after the first full week of the school in September.
- The completed Part A of the form must be signed by the Principal/Assistant Principal of the designated school.
- A copy is to be retained by the designated school. The parent delivers the original to the requested school.
- The requested school provides a copy of the Transfer Form to the parent.

The Principal/Assistant Principal of the requested school completes Part B, forwards a copy (by FAX or inter-school mail) to the designated school.

PART A (to be completed by student and parent or legal guardian and signed by Principal/Assistant Principal of designated school)

Student Name: (Last Name, First Name, Middle Initial)			CBE Student ID #:			Date:		Year		Month		Day		
Birthdate:			Year		Month		Day		<input type="checkbox"/> Male		<input type="checkbox"/> Female		Special Education Coding: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Address:						Postal Code:		T						
Residential District:														
Present School:						Present Placement/Grade:								
Designated School:						Requested School:						Grade Requested:		
Name of Parent/Guardian: (Please print - Surname, Given Names)														
Address: (if different from student):						Postal Code:		T						
Residential District:														
Home Phone:		Business Phone:		Cell Phone:		E-mail Address:								
Reason for Transfer Request: (Please attach a copy of the student's latest progress report)														
<input type="checkbox"/> Moving		Specify Date: _____												
<input type="checkbox"/> Educational Program		Specify: _____												
<input type="checkbox"/> Other		Specify: _____												

Residency														
1. Are both parents/legal guardians who have care and custody of the student residents of Calgary Public School District No. 19? <input type="checkbox"/> Yes <input type="checkbox"/> No														
I, as Parent (Guardian), acknowledge that this Application will not necessarily result in the student's transfer to the requested Elementary school, and that the application will be considered, having regard to the enrolment priorities as set out under the School Act and the policies of Calgary Public School District No. 19.														
Signature of Parent/Guardian				Signature of Principal/Assistant Principal of Designated School				Date:						

AUTHORIZATION FOR COLLECTION OF PERSONAL INFORMATION

Personal information contained on this form is collected under the Student Record Regulation of the School Act, and sections 32 (a) and (c) of the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of student registration. If you have any questions regarding the collection of this information, contact the FOIP Coordinator at the Calgary Board of Education, Education Centre, 515 Macleod Trail SE, Calgary

PART B (to be completed by requested school)

Approved <input type="checkbox"/> (Please forward records)		Signature of Principal/Assistant Principal of Requested School		Date:	
Denied <input type="checkbox"/> (Student will return to designated school)					