



Please refer to page 2 before completing form.

To be completed by Student and Parent/Legal Guardian & Signed by Principal/Assistant Principal of **Designated** school.

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|---|-----------------|--------------------------------------|---|--|
| Student Name: (Last Name, First Name, Middle Initial) | | CBE Student ID #: | Date of Birth: (YYYY/MM/DD) | |
| Student Address: (with Postal Code) | | | Special Education Coding: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Current School: | | Current Grade: | Designated School: | |
| Requested School: | | Requested Grade: | | |
| Parent/Legal Guardian Name: | | Address (if different from student): | | |
| Home Phone: | Business Phone: | Cell Phone: | Email Address: | |
| Subjects Desired at Requested School: | | | | |
| Reason for Transfer Request: <input type="checkbox"/> Academic Program - specify: <input type="checkbox"/> Other – specify: | | | | |
| I, as a Parent/Guardian acknowledge that: a) this request is required for a transfer to be considered and, b) this request will not necessarily result in the student's transfer to the requested school and c) the request will be considered with regard to enrolment priorities set out under the <i>School Act</i> and the policies of the Calgary Board of Education. Note: If the student is an "independent student" as defined in the School Act, the student's residency will be considered. | | | | |
| Signature of Parent/Guardian: | | | | |
| This Transfer Request was discussed with the Principal/ Assistant Principal of the Designated school on: (YYYY/MM/DD) | | | | |
| Signature of Principal/ Assistant Principal of Designated school | | | | |
| Authorization for Collection of Personal Information Personal information contained on this form is collected under the Student Record Regulation of the <i>School Act</i> , and section 33(c) of the <i>Freedom of Information and Protection of Privacy Act</i> . The information will be used for the purpose of student registration. If you have any questions regarding the collection of this information, contact the school Principal. | | | | |

To be completed by **Requested** school.

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| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Signature of Principal/Assistant Principal of Requested School: | Date: (YYYY/MM/DD) |



Questions |

Please contact your designated school for further information and assistance.

Instructions

- 1 | Read Additional Information.
- 2 | Students and Parents/Legal Guardian **must** fill out Page 1 of the Transfer form.
- 3 | Schedule a meeting with **Designated** school Principal/Assistant Principal.
- 4 | Signature of the Principal/Assistant Principal of the Designated school **must** be obtained on the request form before proceeding to the next step below. Signature indicates awareness of request.
- 5 | Schedule a meeting with **Requested** school. Make sure to take the completed Transfer Request to meeting.
- 6 | Once a decision is made, the Principal/Assistant Principal of the Requested school will complete this form and send it to the Designated school.

Additional Information

- Transfer requests will be approved **only if access to an academic program* not offered at the designated school (including space and resources) is available** in the requested school/ grade.
- Transfer requests will not be granted on Athletics Programs.
- Continued registration may be limited to the program entered.
- Registration of out-of-attendance area students will be reviewed on an annual basis.
- Signature of Principal/ Assistant Principal of designated school indicates they are aware of this transfer request and it has been discussed with the parents.
- A copy is retained by the designated school.
- The original is delivered to the requested school.
- Decisions regarding acceptance of out-of-attendance area students will be based on the following:
 - Academic programming* not available at designated school.
- Generally, the following will only be considered in exceptional circumstances should space and resources be available:
 - Peer group support;
 - Transportation; or
 - Siblings who wish to remain together.
- Transfer requests received by March 15, regarding next school year, will be processed prior to May 1 of the current school year.
- Requests received after March 15, regarding next school year, may not be considered until after the first full week of school of the next school year.
- Should requests for transfers received by March 15 exceed available space and resources, the regular program lottery process would be utilized.

*Academic program means: a series of courses which culminate in credit or credentialing at the 30 level.