

Transfer Request Form ECS to Grade 9 Schools

Note | If the student is **new** to CBE a Student Registration Form must be completed. New students *do not* complete a transfer form.

When to Use this Form

- a** | requesting a transfer to the new designated school, due to an address change (proof of address is required)
- b** | requesting a transfer to an out of attendance area school
- c** | requesting a transfer to an alternative program school, other than the identified designated alternative program school
- d** | requesting a transfer to the designated school from an alternative program school or out of attendance area school
- e** | an Early Childhood Services (ECS) child seeking to register for Grade 1 at an out of attendance area school

Instructions

- 1 | Read the Additional Information section below.
- 2 | Parent / Legal Guardian or Independent Student **must** complete Page 2 of the Transfer Request.
- 3 | If this is for an address change, refer to the [ECS, Kindergarten - Grade 9 Transfers](https://cbe.ab.ca/ecs-kindergarten-grade-9-transfers) webpage at cbe.ab.ca for accepted proof of address to provide to your **current** school, along with this form.

The next steps are not required if transfer is due to an address change.

- 4 | Parent / Legal Guardian or Independent Student set-up meeting with **current** or **designated** school Principal / Assistant Principal to discuss the transfer request.
- 5 | **Signature** of the Principal / Assistant Principal of the **current** or **designated** school must be obtained on the form before proceeding to the next step. The **current** or **designated** school will take a copy of the signed form.
- 6 | Parent / Legal Guardian or Independent Student set-up meeting with **requested** school. Take this completed original Transfer Request Form to the meeting.
- 7 | Once a decision is made, the Principal / Assistant Principal of the **requested** school will complete the Requested School section and send a copy to the **current** and/or **designated** school.

Additional Information (not applicable to address change requests)

- **Signature** of Principal / Assistant Principal of **current** or **designated** school:
 - indicates they are aware of this transfer request and it has been discussed with the parent / legal guardian; and
 - *does not* indicate approval of transfer.
- Transfer requests will follow the procedures in [Administrative Regulation 6091 | School Transfers](#).
- Transfers for out of attendance area students are for the current year only and will be reviewed on an annual basis.
- The following will only be considered in exceptional circumstances and then only if the **requested** school / grade has sufficient space and resources to accommodate the student and their educational needs:
 - peer group support; or
 - transportation.
- Notwithstanding the above, transfer requests that will result in the reversal of a re-designation made by CBE will not be accepted. This means that if there are changes to CBE designation areas that impact where the student is designated, students cannot transfer to the previously-designated school.

Questions | Please contact your current school for further information and assistance.

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- ☐ Address Verification
☐ Medical Concerns
☐ Custody

Please refer to page 1 before completing form. To be completed by the Parent / Legal Guardian or Independent Student.

Student Name (Last Name, First Name, Middle Initial)		CBE Student ID #	Date of Birth (YYYY/MM/DD)
Student Address (with Postal Code) If this is an address change request, please write your old address.			
Learning Need Code (ELL and/or Special Education) <input type="checkbox"/> No <input type="checkbox"/> Yes (state): _____		Current School	Current Grade
Designated School		Requested School	Requested Grade
Parent / Legal Guardian Name		Parent Address (if different from student)	
Parent Home Phone	Parent Business Phone	Parent Cell Phone	Parent Email Address
Reason for Transfer Request: New address (proof required): _____ Education Program (specify): _____ Other (specify): _____			
I, as a Parent / Legal Guardian, acknowledge that: a) this request will not necessarily result in the student's transfer to the requested school; b) all out of attendance area enrolments are reviewed annually and could result in returning to the designated school; and c) the request will be considered with regard to enrolment priorities set out under the <i>Education Act</i> and the administrative regulations of The Calgary Board of Education.			
Signature of Parent / Legal Guardian			
Date the Transfer Request was discussed with the Principal / Assistant Principal of the current/designated school (YYYY/MM/DD)			
Name of Principal / Assistant Principal of current/designated School		Signature of Principal / Assistant Principal of current/designated school	
The current school prints the <i>Student Demographics Verification Form</i> , has the Parent / Legal Guardian update it, and then attaches it to this form.			
Authorization for Collection of Personal Information Personal information contained on this form is collected under the authority of the Alberta's <i>Protection of Privacy Act (POPA)</i> , and the <i>Education Act</i> and its regulations. The information will be used for the purpose of student registration. If you have any questions regarding the collection of this information, contact the current school Principal.			

To be completed by **requested school**.

<input type="checkbox"/> Denied	<input type="checkbox"/> Approved	<input type="checkbox"/> Records Requested	<input type="checkbox"/> Notified Current and/or Designated School
Name of Principal / Assistant Principal of requested School			
Signature of Principal / Assistant Principal of requested School			Date (YYYY/MM/DD)