

Appendix "A"

Application for Student Transfer

Student: _____ ☐ Male ☐ Female
Date of Birth (yy/mm/dd): _____ Current Grade: _____
Parent(s)/Guardian(s): _____
Civic Address: _____
Mailing Address: _____
_____ Postal Code: _____
Phone Numbers: (h) _____ (w) _____ (c) _____

I/We hereby make application for _____ (student's name) to transfer from
_____ (name of school) to _____ (name of school)
effective _____ (date).

I/We understand that if this transfer is approved, I/we, the parent(s)/guardian(s), will be responsible for transportation to and from school.

Signature of Parent(s)/Guardian(s): _____ Date: _____

Please return this form and the letter of explanation to Cheryl Veinotte by fax (541-3049), email (cveinotte@ssrsb.ca), or mail (69 Wentzell Drive, Bridgewater NS, B4V 0A2).

Date Received: _____ Decision: _____

On the next page, please explain the reason(s) for this transfer request.

Appendix “A”

Please explain the reason(s) for this transfer request.

Date: _____

[illegible]

Signature of Parent(s)/Guardian(s): _____ Date: _____

Please return this letter of explanation and the Application for Student Transfer to Cheryl Veinotte by fax (541-3049), email (cveinotte@ssrsb.ca), or mail (69 Wentzell Drive, Bridgewater NS, B4V 0A2).

For further information, please call (902) 541-3004.