



# Application for Transfer: Senior High Schools

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

1. All students requesting a transfer from one CBE High School to another must complete this Application for Transfer Form.
2. Transfer requests for a particular program will be approved only if space is available in the requested school.
3. Continued registration may be limited to the program entered.
4. 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.
5. After discussion of this application with the Principal/Assistant Principal of the designated school, the student delivers the original to the requested school with a copy of a latest report card and/or transcript.
6. The requested school provides a copy to the student/parent.
7. The Principal/Assistant Principal of the requested school completes Part B, retains a copy and forwards (via inter-school mail) another copy to the designated school once the parent/independent student confirms acceptance.

**Distribution - White: Designated School Yellow: Requested School Pink: Return to Designated School after Part B is completed Gold: Student Copy**

## PART A (to be completed by designated school)

<b>Student Name:</b> (Last Name, First Name, Middle Initial)			<b>CBE Student ID #:</b>		<b>Date:</b> Year <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Birthdate:</b> Year <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female			<b>Special Education Coding:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Student Address:</b>			<b>Postal Code:</b>		T <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
			<b>Residential District:</b>				
<b>Present School:</b>			<b>Present Placement/ Grade:</b>		<input type="text"/>		
<b>Designated School:</b>		<b>Requested School:</b>		<b>Grade Requested:</b>			
		<input type="text"/>					
<b>Name of Parent/Guardian:</b> (Please print - Surname, Given Names)							
			<b>Postal Code:</b>				
			T <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
			<b>Residential District:</b>				
<b>Home Phone:</b>		<b>Business Phone:</b>		<b>Cell Phone:</b>		<b>E-mail Address:</b>	
<b>Subjects Desired At Requested School:</b> (Please attach a copy of latest report card)							
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>							
<b>Reason for Transfer Request:</b>							
<input type="checkbox"/> Moving into Area			Specify: _____				
<input type="checkbox"/> Educational Program			Specify: _____				
<input type="checkbox"/> Other			_____				
<b>This transfer request was discussed with the Principal/Assistant Principal of the designated school on:</b>							
<b>Date:</b> _____			<b>Signature of Principal/Assistant Principal:</b> _____				
<b>Residency*</b>							
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							
<b>*Note:</b> If the student is an "independent student" as the School Act defines that term, the student's residency should be considered.							
I, as Parent (Guardian), acknowledge that this Application will not necessarily result in the student's transfer to the requested school, and that the application will be considered, having regard to the enrolment priorities as set out under the School Act and the regulations and policies of Calgary Public School District No. 19.							
<b>Signature of Parent/Guardian</b>					<b>Date:</b>		

## 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)

<b>Approved</b> <input type="checkbox"/> (Please forward records) once the parent/independent student confirms acceptance		<b>Signature of Principal/Assistant Principal of Requested School</b>		<b>Date:</b>	
<b>Denied</b> <input type="checkbox"/> (Student will return to designated school)					