

## 310A Request for Transfer of Records <u>WITHIN</u> the Newfoundland and Labrador English School District

(To be completed by NLESD school requesting transfer of records from another NLESD school)

REQUEST TO SCHOOL PRINCIPA	AL:				
School:					
Address:					
The following student has reg	sistered at ou	ır school:			
Full Name of Student:					
Date of Birth:	First	M	iddle	Last	
Month		Day		Year	
Please transfer the complete st school:  School:	tudent record	l, including (	cumulative f	ile and confide	ntial file, to our
Address:					
NAME OF PRINCIPAL:		PLi	EASE PRINT		
SIGNATURE:					
DATE:					
School/District office Use Only	y:				
Request sent by:		□ Email	□ Fax □ ſ	Mail 🗆 Other	
RECEIVED:   Cumulative file	☐ Confidenti	al file   Oth	ner		