

2 X W R I-District Transfer Application Form

	Student Information	(please print)		
GenderMALEFEMALE				
LEGAL	LEGAL	LEGAL		
Last Name	First Name	Middle Name		
USUAL	Preferred	Birthdate		
Last Name	First Name	(DD/MM/YY)		
Address	Apt. # City	Province Postal Code		
Identified Learning Needs/Special Nee(thiagnosis, Ministry of Education Designation)YESNO				
Student currently has almdividualized E	ducation Pla(IEP)	YESNO		

(The identification of a learning/special needs and/or IEP is to ensure that school staff organize a Student Intake Meetiappropriate.)

Parent/Legal Guardian Information (please print)

Parent/Legal Guardian Relationship to Student

Last Name First Name

Address (if different from student)

Home Phone Work Cell Email

Please ensure you are familiar with the following information governing the admission and placemeontos/sdistrict and out-of-district students. Please make sure you complete and sign page 2.

- f All crossdistrict and out-of-district admissions and placements are governed by Burnaby School Board Policy 5.05 a Regulations and Procedures 5.05.01 (Student Admission and Placement into the Burnaby Public School System).
- f Once school capacity and availability of space has been determined, the district will declare the school to be: open wit defined number of spaces, or closed for crdsstrict and outof-district applicants.
- f Applications submitted for school placement within established timelines will be grouped by priority categratic 5.05 and its regulations are currently being circulated as a notice of motion regarding potential changes. For full detailsepleas the district website at www.sd41.bc.ca
- f Crossdistrict and out-of-district transfer applications must be submitted to the requested school betwiberfirst and last day of February.
- f Applicants who have submitted their application on time will be advised of the decisionator M1.
- f Secondary students wanting to transfer to a different school and be eligible to playsitted sports should check with the school's Athletic Department Head in order to be aware of potential athletic ineligibility that may occur when a student transfers to a different school.

School Information			
Name of school where student currently attends	City	Grade	
School phone number	PEN#		
Name of school where student is requesting to transfer		Grade	
Reason for Transfer (please indicate the reason(s) why this student is requesting to attend this school):			