



School District No. 73 (Kamloops/Thompson)

1383-9th Avenue, Kamloops, BC V2C 3X7 Telephone (250) 374-0679 Fax (250) 372-1183

**APPLICATION FOR STUDENT TRANSFER
to ANOTHER SCHOOL**

Refer to Policy 300.1: School Boundaries and Student Transfer Requests

Transfer Initiated By: Parent School Principal

The section below is to be completed by the Parent or Guardian.

Student Name: _____ Date of Birth (mm/dd/yy): _____

Home Address: _____

School Currently Attending: _____

School Scheduled to Attend for Next School Year: _____

School Requested for Transfer: _____

Catchment Area School (by home address): _____

Current Grade: _____ Grade for next September (September, 20____): _____

Program: _____

Reason(s) for Transfer Request: *(please check the appropriate box below and provide a brief explanation)*

Educational Program Medical Needs (includes social/emotional) Family Grouping

Parent Declaration: I understand that transportation may not be available for my child. I understand that, unless otherwise determined by the School Board Office, any transfers of out-of-catchment students will be processed after Labour Day of the next school year, and that catchment area students will have priority enrolment status at that school. I support this request for transfer.

Signature of Parent: _____ Date: _____

Parent Email Address: _____ Phone Number: _____

To be completed by the 'home' or 'current' school:

This request has been discussed with the parent(s)/guardian(s): YES NO

This request has been discussed with the receiving principal: YES NO

Home School Principal: _____ Date: _____

Completed form must be returned to the receiving school no later than