



# Application for Non Neighborhood Transfer Request

Complete the form below to request a change of your child(ren)'s school for the upcoming school year. This form must be submitted to the School Board Administration Office in person (6975 Rupert Street, Port Hardy) to Christina MacDonald or via email to cmacdonald@sd85.bc.ca. **Forms should be received by February 15th.** Forms received after this date will be considered late applications and will be processed according to our policies and regulations. Criteria for Approval, Priority and Transportation is based on Student Admission Policy 2-295R.

## Student Information - Please Print

Date of Form Completion: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student Number/PEN: \_\_\_\_\_  
Month Day Year

Student's Expected Grade Level in September: \_\_\_\_\_

Name of School Student is Presently Attending: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Box Number: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Name of Parent/Guardian at this Number: \_\_\_\_\_

## Non Neighborhood Transfer Request

Indicate School Assigned: \_\_\_\_\_

Name of School Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you registered with your neighborhood school? Yes  No

Have you consulted with your neighborhood school Principal? Yes  No

I understand and am able to provide transportation to and from the school I have requested. Yes  No

## Parent/Guardian Information - Please Print

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

<b>District Office Use Only:</b> Date Received: _____ Time Received: _____ Superintendent's/Designate's Signature: _____
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