



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 Rena Sweeney or via email to rsweeney@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: _____

District Office Use Only:

Date Received: _____

Time Received: _____

Superintendent's/Designate's Signature: _____