



SCHOOL REQUEST/TRANSFER FORM

<input type="checkbox"/> Choice
<input type="checkbox"/> Designated
<input type="checkbox"/> Program Change

Choice - Seven Oaks School Division residents requesting a school, which is not the catchment school, based on residence and program.

Designated - The catchment school could not accommodate further enrolment for the requested program.

Program Change/Other - Student is changing programs (language or other) and is transferring to their catchment school. Student is requesting to return to their catchment school.

Please complete and return this form to the **School Principal**. Notification of decisions will be by June 30th. Questions should be directed to the Principal at the school OR the Superintendents' Department.

Legal Name of Student:	_____		
	<small>Last Name, Given Names (in full)</small>		
Name of Parent(s)/Guardian(s):	_____		
Address:	_____	_____	_____
	<small>Street</small>		<small>Postal Code</small>
Telephone:	_____	_____	
	<small>Home</small>	<small>Work</small>	
Date of Birth:	_____	MET #	_____
	<small>Month/Day/Year</small>		

Current School:	_____	_____	_____
		<small>Program</small>	<small>Grade</small>
School Requested:	_____	_____	_____
		<small>Program</small>	<small>Grade</small>
Catchment School:	_____	Date Effective:	_____

Reasons for Request (Additional information may be included on back of this paper):	

_____	_____
<small>Signature of Parent/Guardian</small>	<small>Date</small>

THIS SECTION TO BE COMPLETED BY SCHOOL OFFICE	
<input type="checkbox"/> Request Approved	_____
	<small>Signature of Principal</small>
<input type="checkbox"/> Request Denied	_____
	<small>Date</small>

Copy to: Principals of: Current School, Requested School, Catchment School
 Parent/Guardian
 School Board Office