



**SCHOOL DISTRICT NO. 8 (KOOTENAY LAKE)**

811 Stanley Street, Nelson, BC V1L 1N8

Before completing form, please review Board Policy #410 School Choice & Catchments

**STUDENT TRANSFER REQUEST FORM**

**PLEASE RETURN TO CURRENT CATCHMENT SCHOOL FOR PRINCIPALS SIGNATURES. INCOMPLETE FORMS WILL NOT BE PROCESSED.**

**PLEASE COMPLETE A SEPARATE FORM FOR EACH STUDENT – Please print clearly**

**\* ALL MANDATORY FIELDS MUST BE COMPLETED**

**\*Date/Time Received by School:** \_\_\_\_\_

\*Date of Application: \_\_\_\_\_

\*NAME OF STUDENT: \_\_\_\_\_ \*For Transfer Effective/School Year: \_\_\_\_\_  
Given Name(s) Last Name

\*Birth Date: \_\_\_\_\_ \*Present Grade: \_\_\_\_\_ \*Grade in September: \_\_\_\_\_  
Day/Month/Year

\*Physical Address: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Mailing Address (if different): \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Name of Parent(s)/Guardian(s): \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Current or Catchment Area School \_\_\_\_\_ \*Requested School: \_\_\_\_\_

\*Reason for Request \_\_\_\_\_

**\*Is the student on an IEP (Individual Education Plan) or receiving learning assistance? If yes, please explain**

**\*Does the student have an Inclusive Education category (eg. severe learning disabled, etc)? If yes, please explain**

Signature - Director of Inclusive Education (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**Transportation:**

Bussing to schools outside the catchment area will **only** be provided if space is available on regular routes and bussing fees will apply. Please contact the Transportation Coordinator for availability at 250-354-4871 ext #204

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature - Current Catchment School \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature - Requested School \_\_\_\_\_ Date: \_\_\_\_\_

SPACE AVAILABLE  YES  NO

RECEIVED AT BOARD OFFICE:  approved  not approved  waitlist

**NOTE: All late applications will be waitlisted until September 2021**

Date: \_\_\_\_\_ Comments: \_\_\_\_\_  
 Time \_\_\_\_\_

Signature - Superintendent of Schools or Designate \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*APPLICATIONS MUST BE RECEIVED BETWEEN THE FIRST MONDAY IN JANUARY AND THE LAST FRIDAY IN MARCH\*\***