

Student Transfer Request: Elementary School

This Form is to be Completed by the Parent/Legal Guardian & Signed by the Principals or Designates

STUDENT INFORMATION			
Student Name: (Last Name, First Name, Middle Initial)		OEN#:	Date of Birth: (YYYY/MM/DD) / /
Student Address: City:			
Postal Code:		Gender Identification: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	
Parent/Legal Guardian Name:		Address (if different from student):	
Home Phone:	Business Phone:	Cell Phone:	Email Address:
TRANSFER REQUEST INFORMATION			
Transfer Request for: <input type="checkbox"/> Current Year <input type="checkbox"/> Next School Year			
Current School:		Current Grade:	
Requested School:		Requested Grade:	
Reason for Transfer Request:			
Last Day of Attendance at Current School:		Start Date at New School:	
Documents to attach with request: <input type="checkbox"/> I.E.P. (if applicable) <input type="checkbox"/> Most Recent Report Card <input type="checkbox"/> Other: _____			
I, as a Parent/Guardian acknowledge that: a.) this request is required for a transfer to be considered and, b.) this request will not necessarily result in the student's transfer to the requested school and c.) the request will be considered with regard to policies set out in the <i>Education Act</i> and the policies of the Ontario Ministry of Education (MOE). Note: If the student is an "independent student" as defined by the MOE, the student's residency will be considered.			
Signature of Parent/Guardian:			Date: (YYYY/MM/DD)
Signature of current Principal or Designate:			Date: (YYYY/MM/DD)
Authorization for Collection of Personal Information MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1990, c.E.2., as amended, and will be used for planning and administering appropriate educational programs, services and resources. Questions about collection may be directed to the Principal of the School or the FOI Coordinator at the Catholic Education Centre, 40 Matheson Blvd. West, Mississauga, Ontario L5R 1C5. (Tel. No. 905-890-1221 or 1-800-387-9501).			

To be Completed by School Receiving the Request

<input type="checkbox"/> Approved	
Signature of Principal or Designate of Requested School	Date: (YYYY/MM/DD)

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January 2025