



World Class Learning in a Rural Environment

School District 10 (Arrow Lakes) Cross-District Transfer Application

This form is used for SD10 students whose parent(s)/legal guardian(s) maintain a primary residence within the boundaries of School District 10 (Arrow Lakes) and who are requesting to attend a school in SD10 other than their catchment area school (see Policy 300 and Protocols 300.1 and 300.2). Please note that this form is not a school registration form, and additional information will be required as part of formal registration.

STUDENT INFORMATION:		
Legal Family Name:	Legal First Name:	Legal Middle Name:
Usual Family Name <small>(if different from above):</small>	Usual First Name:	Usual Middle Name:
Gender: _____	Birthdate (MM/DD/YY):	PEN #
Civic Address:		
Mailing Address: (if different)		
Identified Learning Needs:	Yes / No	
Existing Individualized Education Plan:	Yes / No	
PARENT/LEGAL GUARDIAN INFORMATION		
Parent/Guardian# 1		
Last Name:	First Name:	Relationship to Student:
Street Address:		
Mailing Address (if different):		
Home Phone :	Cell Phone:	Email Address:
Parent/Guardian# 2		
Last Name:	First Name:	Relationship to Student:
Street Address:		
Mailing Address (if different):		
Home Phone:	Cell Phone:	Email Address:
Arrangements (custody/living/visiting). Are there legal orders: Yes / No		
<p>As part of this application, parents/legal guardians are required to review the policies and procedures governing cross-district transfer applications listed below and are required to initial beside each confirming understanding of the information provided:</p> <p>_____ Board Policy 300 – School/Program Registration & Catchments</p> <p>_____ District Protocol 300.1 – School and Program Registration</p> <p>_____ District Protocol 300.2 – School Catchments</p>		



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SCHOOL INFORMATION		
Current School:	Community:	Grade:
School Contact:	Phone:	
Transfer School:	Community:	Grade:
Reason for Transfer:		
SIGNATURES		
Current Principal Name:	Signature:	Date:
Parent/Legal Guardian Name:	Signature:	Date:
Parent/Legal Guardian Name:	Signature:	Date:
ADMINISTRATION - FOR OFFICE USE ONLY		
<p>Application Received By: _____ Date: _____</p> <p style="margin-left: 150px;">_____ Transfer Approved</p> <p style="margin-left: 150px;">_____ Transfer Not Approved</p>		
Reason:		
Superintendent Signature:	Date:	