



**School District No. 73 (Kamloops/Thompson)**

1383-9<sup>th</sup> Avenue, Kamloops, BC V2C 3X7 Telephone (250) 374-0679 Fax (250) 372-1183

**APPLICATION FOR STUDENT TRANSFER  
to ANOTHER SCHOOL**

*Refer to Policy 300.1: School Boundaries and Student Transfer Requests*

Transfer Initiated By:  Parent  School Principal

The section below is to be completed by the Parent or Guardian.

Student Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Home Address: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

School Scheduled to Attend for Next School Year: \_\_\_\_\_

**School Requested for Transfer:** \_\_\_\_\_

Catchment Area School (by home address): \_\_\_\_\_

Current Grade: \_\_\_\_\_ Grade for next September (September, 20\_\_\_\_): \_\_\_\_\_

Program: \_\_\_\_\_

**Reason(s) for Transfer Request:** *(please check the appropriate box below and provide a brief explanation)*

Educational Program

Medical Needs (includes social/emotional)

Family Grouping

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Declaration:** I understand that transportation may not be available for my child. I understand that, unless otherwise determined by the School Board Office, any transfers of out-of-catchment students will be processed after Labour Day of the next school year, and that catchment area students will have priority enrolment status at that school. I support this request for transfer.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**To be completed by the 'home' or 'current' school:**

This request has been discussed with the parent(s)/guardian(s):

YES

NO

This request has been discussed with the receiving principal:

YES

NO

Home School Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Completed form must be returned to the receiving school no later than