

Application Form for Transfer to a School of Choice



OUT-OF-DIVISION/DISTRICT

Complete, then print this form; four (4) identical pages will print.
Each page is to be signed and then submitted to the school of choice.

Complete Legal
Name of Student _____
Surname, Given Names (in full)

Date of Birth ____/____/____
day month year

MET # _____
(Manitoba Education No.)

Male _____ Female _____

Current Grade Level _____

NAME OF PROGRAM	English K-12	Français K-12	French Immersion K-12	Technology Ed. 9-12	Other (please specify)
Program Currently Enrolled In (Check One)					
Program Applied (Check One)					

For information on courses and placement, please contact the school of choice.

School Currently Attended _____ School Division/District _____

School of Choice _____ School Division/District _____

Name of School Division/District in which you currently reside _____

School Year Being Applied for _____ Grade _____

Names of Parent(s)/Guardian(s) _____

Mailing Address _____ Postal Code _____

Home Address/Location: (select one)

Same As Mailing Address

Street Address: _____

Legal Description of Property on Which Home is Located
(ex: section, township, range, lot, block, plan, etc.) _____

Telephone #(s) at Work _____ at Home _____

Signature of Parent/Guardian/
Age of Majority Student _____ Date _____

PARENT/GUARDIAN/AGE OF MAJORITY STUDENT: You must complete this form and send to the principal of the school of choice **no later than May 15** (one application form per student).

N.B.: This is an application form for school admission only. Questions concerning eligibility for transportation should be directed to the receiving school division/district.

OFFICE USE ONLY (To be completed by the School of Choice)

Date Received _____

Accept Yes _____ No _____

Date Effective _____

School to be Attended _____ Grade Level _____

School Division/District _____

Name of School Principal _____

Principal's Signature _____ Date _____

RECEIVING SCHOOL : This form must be completed and copies distributed as indicated **no later than June 30**.

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Name of School Principal _____

Principal's Signature _____ Date _____

COPY TO RECEIVING SCHOOL/DISTRICT (RETAIN FOR AUDIT PURPOSES)

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Principal's Signature _____ Date _____

COPY TO HOME SCHOOL DIVISION/DISTRICT (RETAIN FOR AUDIT PURPOSES)

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COPY TO PARENT(S)/GUARDIAN(S)