

Public Schools Branch

STUDENT TRANSFER REQUEST FORM

To be completed by Parents/Guardians or Student (18 years or older)

Student's Full Name: _____ Grade: _____ DOB: _____

Current School: _____ Requested School: _____

French Immersion: Yes No

Requested Start Date: Beginning of School Year (*September*) Other (please give date) _____

Requesting a continuance letter due to mid-year move or program change.

Name of Parents/Guardians	Email Address	Telephone #
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2.		
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Mailing Address:	Civic Address (if different):
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2.	
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A student transfer request will only be considered in exceptional circumstances (health, safety or learning needs) or to assist the Public Schools Branch in addressing a capacity issue. Please identify the reason for the transfer request.

A separate application is needed for each student requesting a transfer. Please note the name(s) of any sibling for whom a Student Transfer Request Form is being submitted:

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signatures of both parents are required prior to considering a student transfer request. If personal circumstances permit only one signature, please provide an explanation.

Please initial to indicate your awareness of the following:

Transportation to and from the out-of-zone school is the responsibility of the Parent. On request and where circumstances allow, a student may access existing bus routes. However, changes to bus routes may impact access and the Parent is ultimately responsible for out-of-zone student transportation. x _____

In accordance with its authority under the *Education Act*, the Public Schools Branch reserves the right to review and revoke an approved Student Transfer Request at any time. x _____

For Office Use

Date Received: _____ Approved Denied

Rationale: _____

Letter to Parent Copies sent to: Zoned School Requested School (if applicable)

The personal information collected on this form is collected under section 31 (c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of considering student transfer requests. If you have any questions about this collection of information, please contact the Student Services Department at 1-800-280-7965.

Public Schools Branch

FAMILIES OF SCHOOLS

Please forward your completed student transfer request form to:
Public Schools Branch, Student Services Department, PO Box 8600, Charlottetown, PE C1A 8V7
Or fax to 902-569-1872

BLUEFIELD FAMILY

Bluefield High
Central Queens Elementary
East Wiltshire Intermediate
Eliot River Elementary
Englewood Consolidated
Gulf Shore Consolidated
Westwood Primary

KENSINGTON FAMILY

Kensington Intermediate/High
Queen Elizabeth Elementary

KINKORA FAMILY

Amherst Cove Consolidated
Kinkora Regional High
Somerset Consolidated

THREE OAKS FAMILY

Athena Consolidated
Elm Street Elementary
Greenfield Elementary
Miscouche Consolidated
Parkside Elementary
Summerside Intermediate
Three Oaks Senior High

CHARLOTTETOWN FAMILY

Birchwood Intermediate
Charlottetown Rural High
Colonel Gray High
Donagh Regional
Glen Stewart Primary
LM Montgomery Elementary
Parkdale Elementary
Prince Street Elementary
Queen Charlotte Intermediate
Sherwood Elementary
Spring Park Elementary
St. Jean Elementary
Stonepark Intermediate
Stratford Elementary
West Kent Elementary
West Royalty Elementary

MORELL FAMILY

Morell Consolidated
Morell Regional High
Mt. Stewart Consolidated

MONTAGUE FAMILY

Belfast Consolidated
Cardigan Consolidated
Georgetown Consolidated
Montague Consolidated
Montague Intermediate
Montague Regional High
Southern Kings Consolidated
Vernon River Consolidated

WESTISLE FAMILY

Alberton Elementary
Bloomfield Elementary
Ellerslie Elementary
Hernewood Intermediate
M.E. Callaghan Intermediate
O'Leary Elementary
St. Louis Elementary
Tignish Elementary
Westisle Composite High

SOURIS FAMILY

Souris Regional School