Application Form for Transfer to a School of Choice WITHIN DIVISION/DISTRICT



Complete, then print this form; three Each page is to be signed and then							
Complete Legal			Data	مال D:سام	, ,		
Name of Student	, Given Names	(in full)	Date of Birth//				
MET #(Manitoba Education No.)			Male Female				
(Manitoba Education	No.)		Curr	ont Grade Lev	el		
NIAME OF PROCRAM	F 1: 1 K 40	- : 1/ 40					
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	n on courses	and placem	nent, please	contact the s	chool of choice.		
School Currently Attended							
School of Choice							
School Year Being Applied for Grade							
Names of Parent(s)/Guardian(s)							
Mailing Address							
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 should be directed to the				s concerning (eligibility for transportation		
OFFICE USE ONLY (To be com	pleted by th	e School of	Choice)				
Date Received							
Accept Yes			Date	Effective			
School to be Attended Grade Level							
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.

Ce formulaire existe également en français.

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, ,	Sabilitied to	the serioor of	choice.				
Complete Legal Name of Student			Date of Birth / /				
Surname	Name of Student Surname, Given Names (in full)			Date of Birth///			
MET # (Manitoba Education No.)			Male Female				
(Manitoba Education No.) 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)			ITTITICISIOTI K 12	7 12			
Program Applied (Check One)							
For information	on courses	and placen	nent, please	contact the	school of choice.		
School Currently Attended							
School of Choice							
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.)							
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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 com	pleted by th	e School of	Choice)				
Date Received							
Accept Yes			Date	e Effective			
chool to be Attended Grade Level							
Name of School Principal							
Principal's Signature	incipal's Signature Date						

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

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Name of Student			Date of Birth//				
			Male		Female		
MET #(Manitoba Education	No.)	-			I		
	Current Grade Level						
NAME OF PROGRAM	English K-12	Français K-12	French Immersion K-12	Technology Ed. 9-12	Other (please specify)		
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Program Applied (Check One)							
For information on courses and placement, please contact the school of choice.							
School Currently Attended							
School of Choice							
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							
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Date Received							
Accept Yes			Date	e Effective			
School to be Attended Grade Level							
Name of School Principal							
rincipal's Signature Date							

COPY TO PARENT(S)/GUARDIAN(S)

Ce formulaire existe également en français.