

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 #
1.		
2.		

Mailing Address:	Civic Address (if different):
1.	
2.	

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