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



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Complete, then print this form; thre Each page is to be signed and then							
Complete Legal							
Name of Student			Date of Birth/// 				
					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)							
Program Applied (Check One)							
For information	n 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.)							
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 <b>no later than May 15</b> (one application form per student).							
<b>N.B.:</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	No		Date	e Effective			
School to be Attended	school to be Attended Grade Level						
Name of School Principal							
incipal'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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Complete, then print this form; thre Each page is to be signed and then							
Complete Legal Name of Student	Date of Birth/// 'in full) day month yea			/			
Surname	, Given Names	(in full)		day	month year		
MET #		_	Male	e	Female		
MET #(Manitoba Education No.)			Current Grade Level				
					eı		
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 placem	ent, please	contact the s	chool of choice.		
School Currently Attended							
School of Choice							
School Year Being Applied for_	School Year Being Applied for Grade						
Names of Parent(s)/Guardian(s)							
Mailing Address	Mailing Address Postal Code						
Home Address/Location: (select	one)						
Same As Mailing Address							
Street Address:							
Legal Description of Propert (ex: section, township, range	•						
Telephone #(s) at Work			at H	ome			
Signature of Parent/Guardian/ Age of Majority Student							
					nplete this form oplication form per student).		
<b>N.B.:</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	ne School of	Choice)				
Date Received							
Accept Yes			Date	e Effective			
School to be Attended Grade Level							
Name of School Principal							
Principal's Signature			Date	9			
COPY TO SCHOOL DIVISION / DISTRICT (RETAIN FOR AUDIT PURPOSES)							

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



Complete, then print this form; thre Each page is to be signed and then							
Complete Legal Name of Student				of Birth	/		
Surname	, Given Names	(in full)	Date of Birth/				
MET #(Manitoba Education	N - 1	_	Male	)	Female		
(Manitoba Education No.)			Current Grade Level				
NAME OF PROGRAM	English K-12	Français K-12			Other (please specify)		
Program Currently Enrolled In (Check One)	-	-	IIIIIIIersioii K-12	7-12			
Program Applied (Check One)							
					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 Propert (ex: section, township, range							
Telephone #(s) at Work	Felephone #(s) at Work at Home						
Signature of Parent/Guardian/ Age of Majority Student	ignature of Parent/Guardian/ .ge of Majority Student Date						
DADENT/GLIAD	DIANI/AGE (		V CTI IDENIT.	Vou must so	omplete this form		
					application form per student).		
<b>N.B.:</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			
•							
ichool 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.