

## OUT OF BOUNDARY STUDENT TRANSFER REQUEST (SECONDARY)

## THE FOLLOWING FORMS MUST BE ATTACHED:

- CREDIT COUNSELLING SUMMARY
- **ATTENDANCE PROFILE**
- SPECIALIST HIGH SKILLS MAJOR RECORD

Fax Dat	e:

Date of Request:		Name of Sending School:			
Student Name:					
	Surname	First		Age	
Address:					
Home Telephone:		Cell Number:			
School Being Requested:		Requested Start Date:			
Current Registration Status: (please check one that applies)	□ Regular Day School □ Alternative Program □ Not Attending Any School Currently				
Reason for Request:	<ul> <li>□ Student has moved into the area</li> <li>□ Parent/student request to attend out of boundary</li> <li>□ Wish to enrol in a board-designated specialized program</li> <li>□ ESL</li> <li>□ Fast Forward (include application)</li> <li>□ Other</li> <li>□ Other Compelling Reasons. Please explain</li> </ul>				
Completed By:					
Admin Use Only:					
Sending Principal's Signature:					
Date of Response:					
Decision by Receiving School:	☐ ACCEPTED	□ DENIED			
Details of Decision:					
Principal:					

Schools must ensure this message is delivered to all students and parents/guardians:

- As a transfer student you are ineligible to participate in interschool sports
- To become eligible you must meet one of the criteria listed in the OFSAA transfer policy.
- You should contact the Department Head of Physical Education at your new school to determine if you are eligible to apply for transfer eligibility.