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			Date of Birth//			
MET #(Manitoba Education No.)			Male Female			
(Manitoba Education	No.)		Curr	ont Grade Lev	rel	
NAME OF BROCKAM	- II. II. II.					
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 Proper (ex: section, township, range						
Telephone #(s) at Work at Home						
Signature of Parent/Guardian/ Age of Majority Student Date						
					nplete this form oplication 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	e 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.

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



	(2) : 1					
Complete, then print this form; thre Each page is to be signed and then						
Complete Legal Name of Student		Date of Birth/				
Surname	, Given Names	(in full)		day	month year	
MET #(Manitoba Education		=	Male	•	Female	
(Manitoba Education No.)			Curre	Current Grade Level		
	T		French		·	
NAME OF PROGRAM	English K-12	Français K-12	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 so	chool of choice.	
School Currently Attended						
School of Choice						
School Year Being Applied for_				Gra	ade	
Names of Parent(s)/Guardian(s)						
Mailing Address Postal Code						
Home Address/Location: (select						
Same As Mailing Address	·					
Street Address:						
Legal Description of Propert (ex: section, township, range	ty on Which	Home is Loca	ated			
Telephone #(s) at Work						
Signature of Parent/Guardian/						
Age of Majority Student Date						
PARENT/GUAR and send to the principal of					1	
N.B.: This is an application form should be directed to the				s concerning e	ligibility for transportation	
OFFICE USE ONLY (To be com	pleted by th	ne School of	Choice)			
Date Received						
Accept Yes			Date	Effective		
School to be Attended			Grad	le l evel		
School to be Attended Grade Level Name of School Principal						
,						
Principal's Signature Date COPY TO SCHOOL DIVISION / DISTRICT (RETAIN FOR AUDIT PURPOSES)						
LOPY TO	SCHOOL DIV	/131UN / DIST	KICI (KETAIN	I FUK AUDIT PL	JKL() 3E3)	

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 Name of Student Surname, Given Names (in full)			Date of Birth/				
Surname	, Given Names	(in tull)		day	month year		
MET #(Manitoba Education		_	Male	•	Female		
(Manitoba Education	No.)		Curre	ent Grade Lev	/el		
NAME OF DROCRAM	F 1: 1 K 40	F : K 40					
NAME OF PROGRAM Program Currently Enrolled In	English K-12	Français K-12	French Immersion K-12	Technology Ed. 9-12	Other (please specify)		
(Check One)							
Program Applied (Check One)							
For information	on courses	and placem	ent, please	contact the s	school 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 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	Telephone #(s) at Work at Home						
Signature of Parent/Guardian/ Age of Majority Student Date							
					nplete this form oplication 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	No		Date	Effective			
School to be Attended	hool to be Attended Grade Level						
Name of School Principal					··		
Principal's Signature							
COPY TO PARENT(S)/GUARDIAN(S)							