

**YORK REGION DISTRICT SCHOOL BOARD**  
**APPLICATION FOR STUDENT TRANSFER FROM ONE YORK REGION SCHOOL TO ANOTHER**

**PARENT OR GUARDIAN:** PLEASE RETURN THIS FORM, WITH SECTION A COMPLETED, TO THE PRINCIPAL OF THE SCHOOL THAT YOUR CHILD HAS THE RIGHT TO ATTEND BY REASON OF RESIDENCE.

**SECTION A**

I hereby apply for permission for \_\_\_\_\_

to transfer from \_\_\_\_\_ to \_\_\_\_\_  
*(Name of school student has the right to attend by reason of residence)* *(Name of school student is applying to attend)*

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Total credits accumulated to date: \_\_\_\_\_  
*(y/m/d)* *(If applicable)*

Current Special Education Support: \_\_\_\_\_ Current school or last school attended: \_\_\_\_\_

The transfer is to become effective (date): \_\_\_\_\_

Reason for request: \_\_\_\_\_

In accordance with Policy #108.00 a request for a resident pupil to transfer from one school to another school under the jurisdiction of the York Region District School Board will normally be granted provided that:

- 1) there is accommodation in that particular school;
- 2) the Parents or Guardians supply transportation to the school;
- 3) in the opinion of the Principal and Superintendent of Education, the transfer is in the best interest of the student;
- 4) in the opinion of the Principal and Superintendent of Education, the transfer will not jeopardize the program in the sending or receiving school.

It is understood that provision of any necessary transportation shall be the responsibility of the parent or guardian.

I hereby certify that I am the Parent or Legal Guardian of the above-named student, and that this student resides with me in the Regional Municipality of York.

\_\_\_\_\_  
*Name of Parent or Guardian (please print)* *Telephone Number*

\_\_\_\_\_  
*Street* *Town/City* *Postal Code*

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

**SECTION B**

A) This request is **APPROVED** for the period commencing \_\_\_\_\_ and ending \_\_\_\_\_  
Superintendent of Education: \_\_\_\_\_ Date: \_\_\_\_\_

B) This request is **REFUSED** for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
Superintendent of Education: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation of "Sending" Principal: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation of "Receiving" Principal: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**COPIES TO:** 1) Superintendent of Education of Receiving Area (White) 3) Principal of Receiving School (Yellow)  
2) Parent/Guardian (Blue) 4) Principal of Sending School (Pink)

**NOTE:** If the student is in Grade 8 and his/her parents are requesting that he/she be allowed to transfer, effective next September, to a Secondary School other than the one serving his/her attendance area, the parents(s) will:  
1) complete and submit a registration and Course Selection Form to the "sending secondary school"; and  
2) submit this form with a copy of the Course Selection Form to the "sending secondary Principal".