



School District 47 Internal Transfer Form

School Information

Previous School: _____ New School: _____

Grade entering: _____ Date commencing at new school: _____

Student Information

Legal Last Name _____ Legal First Name _____

Usual Last Name _____ Middle Name(s) _____

Preferred First Name _____ Gender _____

Date of Birth _____ Pupil No (if known) _____

Have there been any changes in your personal information since your last enrollment? *i.e. Student Primary Address, Parent/Guardian, Emergency Contact and Health/Medical information*

Yes No If yes, please complete the full **School District #47 Registration Package**

**A copy of your child's Birth Certificate and Care Card should be on file at your previous school. If they are not, you will be contacted to provide us with these documents. Thank you.*

Release of Information

The new school will utilize the same Release of Information as indicated in the original Registration form. Have there been any changes in their Release of Information permissions and acknowledgements?

Yes No If yes, please complete the full **School District #47 Registration Package**

The information collected on the student registration form, and ongoing information regarding student progress and assessment is collected under the authority of the School Act, in a web-based format. The information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation, and operational analysis. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act. Except as noted above personal information will not be released to a third party in a recognizable form without your permission.

Parent/Guardian Name (please print) Parent/Guardian Signature Date

Home Phone _____ Mobile _____

Parent/Guardian Name (please print) Parent/Guardian Signature Date

Home Phone _____ Mobile _____