

# Application Form for Transfer to a School of Choice



## OUT-OF-DIVISION/DISTRICT

Complete, then print this form; four (4) identical pages will print.  
Each page is to be signed and then submitted to the school of choice.

Complete Legal  
Name of Student \_\_\_\_\_  
*Surname, Given Names (in full)*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
*day month year*

MET # \_\_\_\_\_  
*(Manitoba Education No.)*

Male \_\_\_\_\_ Female \_\_\_\_\_

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 on courses and placement, please contact the school of choice.**

School Currently Attended \_\_\_\_\_ School Division/District \_\_\_\_\_

School of Choice \_\_\_\_\_ School Division/District \_\_\_\_\_

Name of School Division/District in which you currently reside \_\_\_\_\_

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 **no later than May 15** (one application form per student).

**N.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 completed by the School of Choice)

Date Received \_\_\_\_\_

Accept Yes \_\_\_\_\_ No \_\_\_\_\_

Date Effective \_\_\_\_\_

School to be Attended \_\_\_\_\_ Grade Level \_\_\_\_\_

School Division/District \_\_\_\_\_

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**.

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*Surname, Given Names (in full)*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
*day month year*

MET # \_\_\_\_\_  
*(Manitoba Education No.)*

Male \_\_\_\_\_ Female \_\_\_\_\_

Current Grade Level \_\_\_\_\_

NAME OF PROGRAM	English K-12	Français K-12	French Immersion K-12	Technology Ed. 9-12	Other (please specify)
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School of Choice \_\_\_\_\_ School Division/District \_\_\_\_\_

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Signature of Parent/Guardian/ \_\_\_\_\_

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Date Effective \_\_\_\_\_

School to be Attended \_\_\_\_\_ Grade Level \_\_\_\_\_

School Division/District \_\_\_\_\_

Name of School Principal \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

COPY TO RECEIVING SCHOOL/DISTRICT (RETAIN FOR AUDIT PURPOSES)

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Male \_\_\_\_\_ Female \_\_\_\_\_

Current Grade Level \_\_\_\_\_

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School of Choice \_\_\_\_\_ School Division/District \_\_\_\_\_

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Date Effective \_\_\_\_\_

School to be Attended \_\_\_\_\_ Grade Level \_\_\_\_\_

School Division/District \_\_\_\_\_

Name of School Principal \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

COPY TO HOME SCHOOL DIVISION/DISTRICT (RETAIN FOR AUDIT PURPOSES)

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School of Choice \_\_\_\_\_ School Division/District \_\_\_\_\_

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Accept Yes \_\_\_\_\_ No \_\_\_\_\_ Date Effective \_\_\_\_\_

School to be Attended \_\_\_\_\_ Grade Level \_\_\_\_\_

School Division/District \_\_\_\_\_

Name of School Principal \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

COPY TO PARENT(S)/GUARDIAN(S)