For OUT-OF-DIVISION/DISTRICT Transfer to a School of Choice



Name of Student			D	ate of Birth _	day month year	
Sumame, Given Names (in full) MET#(Manitoba Education N°.)					Female	
			M	ale		
	2 23303110)113	34	C	urrent Grade I	Level	
NAME OF PROGRAM	English K-12	Français K-12	Franch Immersion K-12	Technology Ed. 9-12	Other (please specify)	
Program Currently Enrolled In (Check One)						
Program Applied For (Check One)						
For information	on courses	and placeme	ent, please cor	ntact the scho	ool of choice.	
School Currently Attended				School Division/District		
School of Choice				School Division/District		
Name of School Division/District	n which you	currently re	side			
School Year Being Applied for				Grade		
Names of Parent(s)/Guardian(s)_						
Nailing Address				Postal Code		
Home Address/Location: (select of Same As Mailing Address	7.0					
Street Address:						
Legal Description of Propo (e.g. section, township					The second	
Telephone No.(s) at Work				at Home		
Signature of Parent/Guardian/Age of Majority Student				Date		
PARENT/GUARDIAN/AGE OF M school of ch			must complete 5 (one applicat			
NB: This is an application form for should be directed to the re				concerning el	igibility for transportation	
OFFICE USE ONLY (To be comp	oleted by th	e School o	f 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.

DISTRIBUTION: WHITE-RECEIVING SCHOOL; GREEN-RECEIVING SCHOOL DIVISION/DISTRICT (RETAIN FOR AUDIT

PURPOSES); BLUE-HOME SCHOOL DIVISION/DISTRICT (RETAIN FOR AUDIT PURPOSES);
YELLOW-PARENT(S)/GUARDIAN(S) (UPON COMPLETION)