

Transfer Request for Unique Setting High School

This form is only for transfer requests to Alternative High School, Discovering Choices, Jack James High School, Louise Dean School or CBe-learn. To be completed by the Parent / Legal Guardian or Independent Student.

| Student First Name: | Middle Initial: | Last Name: | | | CBE Student ID #: | | Date of Birth: (YYYY/MM/DD) | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|--------|------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------|-----------------------------|------------------------|--|
| Student Address: (with Postal Code) | | | | | Special Educ | | | Education Coding: s | |
| Current School: | | | | | Current Grade: | | Designat | ted School: | |
| Requested School: Alternative High Jack James Discovering Choices Louise Dean CBe-learn | | | | | | | | | |
| Reason for Transfer Request: | | | | | | | | Requested Grade: | |
| Subjects Desired at Requested School: | | | | | | | | | |
| Parent / Legal Guardian or Independent Student Name: | | | | Add | Address (if different from student): | | | | |
| Home Phone: | Business Phone: | | Cell P | ell Phone: | | Email A | ail Address: | | |
| I, as the Parent / Legal Guardian or Independent Student acknowledge that: | | | | | | | | | |
| I have reviewed the transfer information on my requested school's website; and | | | | | | | | | |
| This request will not necessarily result in the student's transfer to the requested school; and | | | | | | | | | |
| The request will be considered with regard to enrolment priorities set out under the <i>Education Act</i> and the policies of The Calgary Board of Education. | | | | | | | | | |
| Note: If the student is an "independent student" as defined in the <i>Education Act</i> , the student's residency will be considered. | | | | | | | | | |
| I, the undersigned, hereby represent and have the legal authority to request a transfer for the child. By submitting this form, I declare the information that I have provided is complete and accurate. | | | | | | | | | |
| Signature | | | | | | | | | |
| For printed form submissions: | | | | For digital form submissions: | | | | | |
| Sign your name below. | | | | If this is a digital form that you will submit through email, type your name below. This acts as your signature. | | | | | |
| | | | | Name: | | | | | |
| Date: (YYYY/MM/DD) | | | | Date: (YYYY/MM/DD) | | | | | |
| Authorization for Collection of Personal Information | | | | | | | | | |

Personal information contained on this form is collected under the Student Record Regulation of the Education Act, and section 33(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of student registration. If you have any questions regarding the collection of this information, contact the school Principal.