

# FORT LA BOSSE SCHOOL DIVISION

TITLE – INTERPROVINCIAL BORDER PUBLIC SCHOOL POLICY - JEBB-E

Approval Date -

Cross Reference -

Resolution # -

Implementation -

Legal Reference -

Last Reviewed - 23/04/12

INTERPROVINCIAL TRANSFER FORM

INTERPROVINCIAL BORDER PUBLIC SCHOOL Interprovincial Transfer Request - K - 12 Program	Saskatchewan 	Manitoba 
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Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year  
Date of Application \_\_\_\_\_

**Parental Information**

Name of Parent/Guardian \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Section/Township/Range (if applicable) \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_

**Home School Division Information**

Date Received \_\_\_\_\_ K - 12 \_\_\_\_\_ Other \_\_\_\_\_  
Program/Grade currently enrolled in \_\_\_\_\_ Additional Needs \_\_\_\_\_  
(Describe & Attach)  
School currently attending \_\_\_\_\_ Division \_\_\_\_\_  
Province \_\_\_\_\_  
Signature of Home Division \_\_\_\_\_  
Director/Superintendent (Required before receiving Division can process.)

**Receiving School Division (applying to attend)**

Program/Grade applied for \_\_\_\_\_ Other \_\_\_\_\_  
School year applied for \_\_\_\_\_  
School being applied for \_\_\_\_\_ Division \_\_\_\_\_  
Province \_\_\_\_\_  
Date \_\_\_\_\_ Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature of Receiving Division \_\_\_\_\_  
Director/Superintendent

**PARENT/GUARDIAN/AGE OF MAJORITY STUDENT:** You must complete this form, including signature of Home Division and send to the Division Office of the cross border school no later than May 15. (One application form per student)

**NB:** This is an application form for school admission only; questions concerning eligibility for transportation should be directed to the receiving school division/district.

**RECEIVING SCHOOL:** This form must be completed and copies distributed as indicated no later than June 30.

DISTRIBUTION: Receiving Division, Sending Division and Parent

