

**FORT LA BOSSE SCHOOL DIVISION
STUDENT TRANSFER FORM**

Name of Student in Full: _____

Date of Birth: _____

School Previously: _____

Address of School: _____

Name of Father/Guardian: _____

Name of Mother/Guardian: _____

Address: _____

Telephone: _____

Student will register in grade: _____



The above-named student will register at: _____

School on: _____

Name of Principal: _____

School Telephone: _____

If student requires busing, there is a separate form to be completed. Please advise if you require this form.

Completed by: _____

Date: _____

A copy of this form will be sent to the receiving school and one copy to the student's parent or guardian.

ANY STUDENT REGISTERING FROM OUT-OF-PROVINCE MUST PROVIDE PROOF OF RED MEASLES IMMUNIZATION WHEN ENROLLING AT THE SCHOOL THE FRIST DAY.