

DARYK HIGH SCHOOL
Transfer Request



To be completed by Student and Parent/Legal Guardian & Signed by Principal/Assistant Principal of **Designated** school.

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|---|-----------------|--------------------------------------|----------------|
| Student Name: (Last Name, First Name, Middle Initial) | | Date of Birth: (YYYY/MM/DD) | |
| Student Address: (with Postal Code) | | | |
| Current School: | Current Grade: | Designated School: | |
| Requested School: | | Requested Grade: | |
| Parent/Legal Guardian Name: | | Address (if different from student): | |
| Home Phone: | Business Phone: | Cell Phone: | Email Address: |
| Subjects Desired at Requested School: | | | |
| Reason for Transfer Request: Educational Program - specify: Other – specify: | | | |
| I, _____, as a Parent/Guardian acknowledge that: a) this request is required for a transfer to be considered and, b) this request will not necessarily result in the student's transfer to the requested school and c) the request will be considered with regard to enrolment priorities set out under the policies of the Daryk High School. | | | |
| Signature of Parent/Guardian: | | | |
| This Transfer Request was discussed with the Principal/ Assistant Principal of the Designated school on: (YYYY/MM/DD) | | | |
| Signature of Principal/ Assistant Principal of Designated school | | | |

To be completed by Requested school

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|--|--------------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Signature of Principal/Assistant Principal of Requested School: | Date: (YYYY/MM/DD) |