## **Application Form for Transfer to a School of Choice**



## OUT-OF-DIVISION/DISTRICT

Complete, then print this form; four Each page is to be signed and then				• • • • •	• • •	• • • •	• • • • • • •
Complete Legal	i subiliitted to	the school of	choice.				
Name of Student			Date of Birth//				
Name of Student Surname, Given Names (in full)					day	month	year
MET #(Manitoba Education No.)		=	Male			Female	
(Manitoba Education	No.)		Curr	ent Grade	Level _		
NAME OF PROGRAM	English K-12	Français K-12	French	Technology Ed	d.	Other (pl	ease specify)
Program Currently Enrolled In (Check One)				, , , _			
Program Applied (Check One)							
For information	n on courses	and placen	nent, please	contact th	e scho	ol of choic	ce.
School Currently Attended	hool Currently Attended School Division/District						
School of Choice			Schoo	ol Division/I	District		
Name of School Division/Distric	t in which yo	u currently re	eside				
School Year Being Applied for_					Grade		
Names of Parent(s)/Guardian(s)							
Mailing Address					Postal	Code	
Home Address/Location: (select	one)						
Same As Mailing Address							
Street Address:							
Legal Description of Proper (ex: section, township, range							
Telephone #(s) at Work	at Home						
Signature of Parent/Guardian/ Age of Majority Student	Date						
PARENT/GUAR							
and send to the principal of							
<b>N.B.:</b> This is an application form should be directed to the				s concernii	ng eligil	oility for tr	ansportation
OFFICE USE ONLY (To be com	pleted by th	e School of	Choice)				
Date Received							
Accept Yes	No		Date	Effective _			
School to be Attended			Grac	le Level			
School Division/District							
Name of School Principal							
Principal's Signature			Date	!			
RECEIVING SCHOOL : This	form must be	completed ar	nd copies dist	ributed as i	ndicated	no later t	han June 30.