



# Student Transfer Form

For use for transfer from WRDSB school to WRDSB school ONLY - Confidential

FS-19-HT

AP 4270

## STUDENT INFORMATION – PLEASE PRINT

Legal Surname: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Preferred Surname: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Legal Middle Name: \_\_\_\_\_ Gender:  Male  Female

Home Phone: \_\_\_\_\_  Unlisted Date of Birth (year-month-day): \_\_\_\_\_

Please list student's siblings in this school: \_\_\_\_\_

Is the student currently expelled from any school or school board?  Yes  No

## STUDENT ADDRESS INFORMATION

Home Address: \_\_\_\_\_  
Number Street Apt #

City / Town / Village / Municipality Province Postal Code

Mailing Address: Same as home address?  Yes  No If NO, please complete below

Number Street City / Town / Village / Municipality Province Postal Code

## PREVIOUS SCHOOL INFORMATION

Name of Previous School: \_\_\_\_\_

English Program  French Immersion Program Grade at previous school: \_\_\_\_\_

Last Date of Attendance: \_\_\_\_\_ Reason for Transfer: \_\_\_\_\_

## STUDENT LANGUAGE, CITIZENSHIP AND IMMIGRATION INFORMATION

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date Arrived in Canada: \_\_\_\_\_

Does the student have a current Letter of Admission (if applicable)? Yes  No

First Language: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

## STUDENT MEDICAL INFORMATION

(If this section is applicable to the student, there may be additional forms to be completed)

Allergies or Health Concerns: \_\_\_\_\_

Are any of the noted health concerns life threatening?  Yes  No Does the student require an epi-pen?  Yes  No

## SPECIAL EDUCATION / IEP/ IPRC / ESL / ELD INFORMATION

Does your child receive any special education assistance (elementary or secondary)?  Yes  No

If YES, please provide details: \_\_\_\_\_

Has your child previously received English as a Second Language (ESL) or English Literacy Development (ELD) assistance?  Yes  No

If YES, please provide details: \_\_\_\_\_

## TRANSPORTATION ARRANGEMENTS FOR ELIGIBLE STUDENTS

STSWR determines transportation eligibility. To determine if a student is eligible, visit [Bus Planner \(https://bpweb.stswr.ca/\)](https://bpweb.stswr.ca/). If a student is eligible for board-funded transportation, indicate where the student will be picked up and dropped off:

Picked up at Home  Dropped off at Home  Picked up at Caregiver  Dropped off at Caregiver  Special Education Eligible

Pick up Address: \_\_\_\_\_  
Number Street City / Town / Village / Municipality Province Postal Code

Drop off Address: \_\_\_\_\_  
Number Street City / Town / Village / Municipality Province Postal Code

## PARENT / LEGAL GUARDIAN / EMERGENCY CONTACT INFORMATION

### Living With

Both Parents  Mother Only  Father Only  Legal Guardian  C.A.S/F&CS  Other: \_\_\_\_\_

### Custody

Both Parents  Mother Only  Father Only  Joint  Legal Guardian  C.A.S/F&CS  Other: \_\_\_\_\_

If joint custody checked, please indicate schedule:  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Provide alternate address for joint custody: \_\_\_\_\_

Is there a legal document that sets out custody and access to the student?

No  Yes (please provide school with copy of legal document for OSR)

## PARENT / LEGAL GUARDIAN / EMERGENCY CONTACT INFORMATION

**Contact 1** Name: \_\_\_\_\_  Male  Female  
Title (Mr., Mrs., Dr., etc.) Last Name First Name

Relationship to Student: \_\_\_\_\_ Employer (optional): \_\_\_\_\_

**Check all applicable boxes** Has access to Student:  Yes  No  Legal Guardian  Receives Mail  
 Has Custody  Has Access to Records  
Emergency/Attendance Contact Priority:  First  Second  Third  Lives with Student  Speaks English

Home Number: \_\_\_\_\_ Priority: \_\_\_\_ (1-3)

Business Number: \_\_\_\_\_ Priority: \_\_\_\_ (1-3)

Cell Number: \_\_\_\_\_ Priority: \_\_\_\_ (1-3) Email Address: \_\_\_\_\_

Address:  Same as Student's Home Address  Address Below:

Number Street City / Town / Village / Municipality Province Postal Code

**Contact 2** Name: \_\_\_\_\_  Male  Female  
Title (Mr., Mrs., Dr., etc.) Last Name First Name

Relationship to Student: \_\_\_\_\_ Employer (optional): \_\_\_\_\_

**Check all applicable boxes** Has access to Student:  Yes  No  Legal Guardian  Receives Mail  
 Has Custody  Has Access to Records  
Emergency/Attendance Contact Priority:  First  Second  Third  Lives with Student  Speaks English

Home Number: \_\_\_\_\_ Priority: \_\_\_\_ (1-3)

Business Number: \_\_\_\_\_ Priority: \_\_\_\_ (1-3)

Cell Number: \_\_\_\_\_ Priority: \_\_\_\_ (1-3) Email Address: \_\_\_\_\_

Address:  Same as Student's Home Address  Address Below:

Number Street City / Town / Village / Municipality Province Postal Code

Information on this Registration Form is collected under the legal authority of the Education Act and its regulations, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information collected on this form will be used to establish the Ontario Student Record (OSR) and for other student and educational related purposes, such as registration, administrative, communication, data reporting and transportation. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the Principal of the school or the Freedom of Information, Privacy and Records Information Management Officer, Waterloo Region District School Board.

## PARENT/GUARDIAN/STUDENT (over 18) ACKNOWLEDGEMENT

I certify that the information that I have provided on this form is accurate. I understand that copies of custody documentation, if applicable, will be included in the Ontario Student Record (OSR).

Parent/Guardian/Student (over 18) Full Name Signature Date