



Student Transfer Form
WRDSB to WRDSB ONLY - Confidential
FS-21-HT
AP 4270

STUDENT INFORMATION – PLEASE PRINT

Legal Surname: _____ Legal First Name: _____
 Preferred Surname: _____ Preferred First Name: _____
 Legal Middle Name: _____ Gender: Male Female Not Disclosed Self-Identified
 Home Phone: _____ Unlisted If Self-Identified: Two-Spirit Genderqueer
 Date of Birth (year-month-day): _____ Gender Fluid Gender Nonconforming Intersex
 Non-Binary Trans Other
 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 Undisclosed
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 Undisclosed
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

For School Use ONLY

SCHOOL CHECKLIST FOR STUDENT TRANSFER FROM WRDSB SCHOOL

Legal Last Name		WRDSB Student #	
Legal First Name		OEN #	
Entry Date	Entry Type	Grade	Class/Homeform

Complete this section if the student has become a Permanent Resident or Canadian Citizen:

- Confirmation of Permanent Residence Date became a P.R.: _____
- Permanent Resident Card (see back of card)
- Canadian Citizenship Documentation Date became a Citizen: _____

Proof of Address/Residence in Waterloo Region

We can not accept Driver's License as Proof of Address

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Government Issued Forms <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Statement | <ul style="list-style-type: none"> <input type="checkbox"/> Purchase/Lease Agreement <input type="checkbox"/> Tax bill <input type="checkbox"/> Property Insurance Bill |
|--|--|

Proof of Custody (where applicable)

- Living with custodial parent(s) Guardianship Agreement
- Custodial Court Order

I certify that the information contained on this form is accurate and that I have examined and verified the applicable information as indicated.

Certified by Principal or designate:

Print name

Signature

Position

Date

This form and the information contained within it will be maintained in the Ontario Student Record.

Retention: E, plus 5 – file in OSR