



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