



Parent 2 Name: \_\_\_\_\_

Current Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Reason for Request:** Please check the eligible reasons for requesting a student transfer and attach supporting documentation, as appropriate:

- Access to educational programs and/or student services not available at their local school.
- Educational needs, including those of a physical, medical or social/emotional/behavioral nature.
- Change in legal custodianship/guardianship (legal documentation to be provided to the school)
- Change in living arrangements (documentation/written agreement provided by legal custodial parent(s)/guardian(s) to the school)
- Other (please specify) \_\_\_\_\_

**Please read and initial each box below and sign the application form to indicate acceptance of the conditions for student transfers.**

- I understand that, if the transfer is approved, I am responsible to transport my child to and from the receiving school.
- I understand that bussing for my child, if approved, may be revoked at any time by the Strait Regional Centre for Education.
- I understand that school bus routes and/or stops will **not** be changed to accommodate new student transfers.
- I understand that student transfers may be approved if there are no additional transportation and/or staffing costs to the Strait Regional Centre for Education.

Parent/Guardian Comments:

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**Parent(s)/Guardian Signature(s) (Required)**

Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

**For more information, please refer to the [Transfer of Students \(Client-Initiated\) Policy IV-E-7](#), and [supporting procedures, PRO IV-E-7](#)**

**Please submit this application form to:**

Director of Programs and Student Services  
Strait Regional Centre for Education  
304 Pitt Street, Unit 2  
Port Hawkesbury, NS  
B9A 2T9  
Or by email to:  
programs@srce.ca