



CHIGNECTO CENTRAL REGIONAL CENTRE FOR EDUCATION

Celtic Family of Schools
2561 Westville Road
New Glasgow, NS B2H 5C6
902 755 8132 (T)
902 755 8155 (F)

Chignecto Family of Schools
84 Church Street
Springhill, NS B0M 1X0
902 597 4207 (T)
902 597 4220 (F)

Cobequid Family of Schools
60 Lorne Street
Truro, NS B2N 3K3
902 896 5737 (T)
902 896-5747 (F)

Nova Family of Schools
P.O. Box 212
54 Mill Village Road
Shubenacadie, NS B0N 2H0
902 758 3908 (T)
902 758-3896 (F)

APPLICATION FOR STUDENT TRANSFER

- Please send form to local Family of Schools Office.
- This application is for transfers from school to school only.

Note: 1. The CCRCE will not provide additional or alter current school bus routes for students attending school in an area outside the student's area of residence.
2. Parents/Guardians who wish to apply for transportation on an existing bus route should contact the appropriate Coordinator / Assistant Coordinator of Transportation.

Under normal circumstances, transfer requests should be made prior to May 31 for the following school year.

Name: _____ Phone: _____
Parent/Guardian or Student (if age 19 or over)

Complete Mailing Address: (Include Postal Code) _____

Place of Residence (Street, Highway, Road, etc): _____

Student(s) for whom transfer is requested:

<u>Name(s) of Student(s)</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____

School presently attending: _____
(“sending” school)

School to which transfer is requested: _____
(“receiving” school)

Reason(s) for Transfer Request: _____

Start Date of Requested Transfer: _____

Signature: _____
Parent/Guardian or Student (if age 19 or over)

APPLICATION FOR STUDENT TRANSFER

FOR OFFICE USE ONLY

STUDENT(S) NAME(S): _____

**“Sending” Principal must discuss request
with “Receiving” Principal prior to sending this form.**

Approval / Refusal by Principals

I agree with the reasons for this request
and support the application.

I will accept the reasons for this request
and support the application.

“Sending” Principal

“Receiving” Principal

I **do not** agree with the reasons for this request
and **do not** support the application.

I **do not** accept the reasons for this request
and **do not** support the application.

“Sending” Principal

“Receiving” Principal

Comments: _____

**“Receiving” Principal: Forward completed / signed form, with
Principals’ signatures, to the Family of Schools Supervisor**

FOR FAMILY OF SCHOOLS OFFICE USE ONLY

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Date Received: _____

Approved: Yes _____ No _____

Processed by: _____
(Family of Schools Supervisor)

Date: _____