PRINCE ALBERT CATHOLIC SCHOOLS

STUDENT TRANSFER FORM
(9 - 12)

The information provided below is to assist you and your staff in welcoming and placing the below-named student in your school to his/her educational advantage.

It is hoped that this transfer form will help students, parents, and teachers in ensuring the continued educational progress of students transferring from one school system to another.

DATE: _____

STUDENT'S NAME: _____ _____ _____
FIRST **MIDDLE** **LAST**

DATE OF BIRTH: ____ ____ ____ **SCHOOL:** _____
DD **MO** **YR**

PARENT/GUARDIAN: _____

SASKATCHEWAN LEARNING NUMBER: _____

SACRAMENTS CELEBRATED: ☐ Baptism ☐ Eucharist
☐ Confirmation

REASON FOR TRANSFER: _____
_____
_____
_____
_____
_____

LAST GRADE COMPLETED: _____ **DATE COMPLETED:** _____

GRADE IN WHICH ENROLLED (please circle):

9 10 11 12

LAST DATE ATTENDED HERE: _____
APPROX. NUMBER OF DAYS ATTENDED THIS GRADE: _____

IF STUDENT TAKING OTHER THAN THE REGULAR COURSE, COMMENT OR DESCRIBE: _____
_____
_____
_____

PHYSICAL CONDITIONS AFFECTING CLASSROOM SETTING:
☐ Sight ☐ Hearing ☐ Other: _____

SPECIAL EDUCATION FILE:
☐ Is Available ☐ Is Not Available ☐ On Request

STUDENT CUMULATIVE RECORD:
☐ Is Available ☐ Is Not Available ☐ On Request

ACADEMIC PROGRAMS:

SUBJECT	COURSE	COMMENTS

Special comments likely to assist in most appropriate placement of this student on transfer: _____
_____
_____
_____

FOR FURTHER INFORMATION:

Principal: _____ **Teacher:** _____
School:_____
Address: _____
_____
Province: _____ **Postal Code:** _____
Phone No.: _____ **Fax No.:** _____