

APPLICATION FORM

For OUT-OF-DIVISION/DISTRICT Transfer to a School of Choice



Complete Legal Name of Student _____
Surname, Given Names (in full)

Date of Birth _____
day / month / year

MET # _____
(Manitoba Education N°.)

Male _____ Female _____

Current Grade Level _____

NAME OF PROGRAM	English K-12	Français K-12	French Immersion K-12	Technology Ed. 9-12	Other (please specify)
Program Currently Enrolled In (Check One)					
Program Applied For (Check One)					

For information on courses and placement, please contact the school of choice.

School Currently Attended _____ School Division/District _____

School of Choice _____ School Division/District _____

Name of School Division/District in which you currently reside _____

School Year Being Applied for _____ Grade _____

Names of Parent(s)/Guardian(s) _____

Mailing Address _____ Postal Code _____

Home Address/Location: (select one)

_____ Same As Mailing Address

_____ Street Address: _____

_____ Legal Description of Property on Which Home is Located
(e.g. section, township, range, lot, block, plan etc.) _____

Telephone No.(s) at Work _____ at Home _____

Signature of Parent/Guardian/Age of Majority Student _____ Date _____

PARENT/GUARDIAN/AGE OF MAJORITY STUDENT: You must complete this form and send to the **principal** of the school of choice **no later than May 15** (one application form per student)

NB: This is an application form for school admission only. Questions concerning eligibility for transportation should be directed to the receiving school division/district.

OFFICE USE ONLY (To be completed by the School of Choice)

Date Received _____

Accept Yes _____ No _____ Date Effective _____

School to be Attended _____ Grade Level _____

School Division/District _____

Name of School Principal _____

Principal's Signature _____ Date _____

RECEIVING SCHOOL: This form must be completed and copies distributed as indicated **no later than June 30.**

DISTRIBUTION: *WHITE* - RECEIVING SCHOOL; *GREEN* - RECEIVING SCHOOL DIVISION/DISTRICT (RETAIN FOR AUDIT PURPOSES); *BLUE* - HOME SCHOOL DIVISION/DISTRICT (RETAIN FOR AUDIT PURPOSES);

**DO NOT SEPARATE COPIES
RETURN TO:
SECRETARY-TREASURER'S DEPT.**

**THE WINNIPEG SCHOOL DIVISION
1577 Wall Street East, Winnipeg, MB R3E 2S5**

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