



## GRADE 8 TO 9 TRANSFER REQUEST FORM

### STUDENT INFORMATION:

Student Legal Surname

Student Legal First Name

Student Preferred Surname

Student Preferred First Name

Current Elementary School

Designated Secondary School

Requested Secondary School

Student Address, including postal code

Telephone

Caregiver/Family/Parent Name(s)

Elementary School Counselor's Name

Elementary School Principal

Elementary School Principal's Signature in acknowledgement of the request:

### EXEMPTION:

A student will be deemed eligible for an exemption to the policy if they meet one of the following criteria:

1. To support a student's medical needs, which cannot be met at the designated school (duly certified by a medical practitioner or regulated mental health professional).
2. Safe schools issue verified by the elementary school administrator.

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Authorization for the collection of this information is the Education Act R.S.O., 1990, c.E.2 and the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students. Questions about the collection of this personal information should be directed to the Freedom of Information, Privacy and Records Information Management Officer, Waterloo Region District School Board.

3. Other compelling reasons.
4. Acceptance into a system designated specialized magnet programs.

**UNDERSTANDINGS:**

1. If a student has been given permission to transfer, any future requests for a school change beyond Grade Nine must go through the Student Out of Boundary Transfer Request process (AP 1030)
2. When a student transfer is granted, the applicant is responsible for transportation.
3. The priority when placing students who have been exempted within the policy is to the next closest school to their home residence.
4. Evidence, reasoning and medical documentation supporting the request will assist in reviewing the application and must be attached to the application.

**\*THIS FORM MUST BE RETURNED TO YOUR DESIGNATED SECONDARY SCHOOL PRINCIPAL BY THE FIRST MONDAY IN FEBRUARY OF THE CURRENT SCHOOL YEAR. APPLICATIONS AFTER THIS DATE MAY NOT BE CONSIDERED FOR TRANSFER.**

I wish to apply for an exemption to the policy according to criteria 1, 2 or 3 (please check one). The rationale for the exemption is as follows:

Caregiver/Family/Parent Name(s)  
(please print)

Caregiver/Family/Parent Signature(s)

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