



File JBA-E2

APPLICATION FORM

**For WITHIN-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, Citizenship and Youth #) Male _____ Female _____
Current Grade Level _____

NAME OF PROGRAM	English K-5	Français K-5	Français Immersion K-5	Technology Ed. 51-54	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 of Choice _____

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 _____

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; BLUE - SCHOOL DIVISION/DISTRICT (RETAIN FOR AUDIT PURPOSES); YELLOW - PARENT(S)/GUARDIAN(S) (UPON COMPLETION)

Ce formulaire existe également en français