

JBA-E3

File JBA-E3

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



Complete Legal Name of Student				ate of Birth _	/		
Sum	ame, Given N	lames (in full)			day month		
MET #(Manitoba Educatio	n, Citizenship	and Youth N°.)	N	lale	Female		
				urrent Grade I	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 placem	ent, please co	ntact the scho	ool of choice.		
School Currently Attended	ently Attended				School Division/District		
School of Choice				_ School Div	vision/District —		
Name of School Division/District i	n which you	currently re	side				
School Year Being Applied for							
Names of Parent(s)/Guardian(s)_					- 176		
Mailing Address	Address Postal Code						
Home Address/Location: (select of			1	1 030	ar oode		
Same As Mailing Address							
Street Address:	4						
Legal Description of Prope (e.g. section, township,							
Felephone No.(s) at Work	e No.(s) at Work			at Home			
Signature of Parent/Guardian/Age of Majority Student				Date			
PARENT/GUARDIAN/AGE OF MA	AJORITY ST	UDENT: You	must complet	e this form and	send to the principal		
NB: This is an application form for				tion form per s			
should be directed to the rec	ceiving scho	ool division/	district.	concerning en	gibility for transporta		
OFFICE USE ONLY (To be comp	leted by th	e School o	f Choice)				
Date Received							
Accept Yes No _	cept Yes No			Date Effective			
School to be Attended	pol to be Attended			Grade Level			
School Division/District							
Name of School Principal							
Principal's Signature				Date			

Ce formulaire existe également en français