



Chignecto Central
Regional Centre for Education

Submit to your current principal. This application is for transfers from school to school only within CCRCE.

STUDENT TRANSFER REQUEST

PLEASE NOTE: Students that transfer outside of their school area will need to find alternative transportation. CCRCE does not alter or provide additional bus routes for students who have transferred outside of their school area.

Parent/Guardian or Student (If age 19 or over): _____ Phone: _____

Civic Address: _____

Mailing Address if Different: _____

Email: _____

Student(s) for whom transfer is requested

Name(s) of Student(s)

Grade

Name(s) of Student(s)	Grade
_____	_____
_____	_____
_____	_____

School Presently Attending: _____

School to Which Transfer is Requested: _____

Reason for Transfer Request: *(Attach additional information as required)*

Start Date of Requested Transfer: _____

By signing this request, I understand I am responsible for finding alternative transportation, the transfer request is not guaranteed and if approved, the "Receiving School" now becomes the student's home school.

Signature of Parent/Guardian or Student (If age 19 or over): _____

Date Submitted: _____

FOR OFFICE USE ONLY

STUDENT TRANSFER REQUEST

Student(s) Name(s): _____

“SENDING” Principal confirms receipt of transfer request with Parent/
Guardian and forwards to receiving school.

RECEIVED

Sending Principal: _____ Date: _____

Administrative Notes: _____

“RECEIVING” Principal confirms receipt of transfer request with Parent/
Guardian and forwards to appropriate Family of Schools Supervisor.

RECEIVED

Receiving Principal: _____ Date: _____

Administrative Notes: _____

FOR FAMILY OF SCHOOLS OFFICE USE ONLY

Date Received: _____

Approved: YES NO

Processed by:
(Family of Schools Supervisor) _____

Date: _____

Administrative Notes: _____



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