

Record of Student Transfer

Please use this form for students transferring within your district as well as for those leaving.

Student Information:

Student Name

Student Number:

Birth Date:

Grade:

Yes ☐ No ☐

District Transferred From:

District Number:

School Name:

School Number

School Phone Number:

Date Last Attended:

Date: _____ Signed by: _____
day month year Principal / Designate

Pupil Accounting Codes: *Please indicate entry code received and all changes of Pupil Accounting codes below:*

District Transferred To:

District Number: ASD-W

School Name: *Priestman Street School*

School Number:

Student Received: Yes ☐ No ☐
Signed by: _____

Date: _____ Principal / Designate
day month year

I authorize the transfer of my child's NB Student Record Folder to his/her new school:

Date: _____ Signed by: _____
Guardian/Parent

Receiving District Please:

1. Verify that the district and school number under "transferred to" are correct
2. Confirm whether the student was received in your district by marking YES or NO.
3. FAX this information back to the sending district