



# CHIGNECTO-CENTRAL REGIONAL SCHOOL BOARD

Celtic Family of Schools  
2561 Westville Road  
New Glasgow, NS B2H 5C6  
902 755 8132 (T)  
902 755 8155 (F)

Chignecto Family of Schools  
84 Church Street  
Springhill, NS B0M 1X0  
902 597 4207 (T)  
902 597 4220 (F)

Cobequid Family of Schools  
60 Lorne Street  
Truro, NS B2N 3K3  
902 896 5737 (T)  
902 896-5747 (F)

Nova Family of Schools  
224 Hwy 214, Suite 101  
Elmsdale, NS B2S 1J7  
902 883 5357 (T)  
902 883-5371 (F)

## APPLICATION FOR STUDENT TRANSFER

- Please send form to local Family of Schools Office.
- This application is for transfers from school to school only.

**Note:** 1. The CCRSB will not provide additional or alter current school bus routes for students attending school in an area outside the student's area of residence.

2. Parents/Guardians who wish to apply for transportation on an existing bus route should contact the appropriate Coordinator / Assistant Coordinator of Transportation.

**Under normal circumstances, transfer requests should be made prior to May 31 for the following school year.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian or Student (if age 19 or over)

Complete Mailing Address: (Include Postal Code) \_\_\_\_\_

Place of Residence (Street, Highway, Road, etc): \_\_\_\_\_

Student(s) for whom transfer is requested:

Name(s) of Student(s)

Grade

_____	_____
_____	_____
_____	_____

School presently attending: \_\_\_\_\_  
("sending" school)

School to which transfer is requested: \_\_\_\_\_  
("receiving" school)

Reason(s) for Transfer Request: \_\_\_\_\_

Start Date of Requested Transfer: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent/Guardian or Student (if age 19 or over)

**APPLICATION FOR STUDENT TRANSFER**

**FOR OFFICE USE ONLY**

**STUDENT(S) NAME(S):** \_\_\_\_\_

**“Sending” Principal must discuss request  
with “Receiving” Principal prior to sending this form.**

**Approval / Refusal by Principals**

I agree with the reasons for this request  
and support the application.

I will accept the reasons for this request  
and support the application.

\_\_\_\_\_  
“Sending” Principal

\_\_\_\_\_  
“Receiving” Principal

I **do not** agree with the reasons for this request  
and **do not** support the application.

I **do not** accept the reasons for this request  
and **do not** support the application.

\_\_\_\_\_  
“Sending” Principal

\_\_\_\_\_  
“Receiving” Principal

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**“Receiving” Principal: Forward completed / signed form, with  
Principals’ signatures, to the Family of Schools Supervisor**

**FOR FAMILY OF SCHOOLS OFFICE USE ONLY**

<b>Celtic Family of Schools</b> 2561 Westville Road New Glasgow, NS B2H 5C6 902 755 8132 (T) 902 755 8155 (F)	<b>Chignecto Family of Schools</b> 84 Church Street Springhill, NS B0M 1X0 902 597 4207 (T) 902 597 4220 (F)	<b>Cobequid Family of Schools</b> 60 Lorne Street Truro, NS B2N 3K3 902 896 5737 (T) 902 896-5747 (F)	<b>Nova Family of Schools</b> 224 Hwy 214, Suite 101 Elmsdale, NS B2S 1J7 902 883 5357 (T) 902 883-5371 (F)
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Date Received: \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Processed by: \_\_\_\_\_  
(Family of Schools Supervisor)

Date: \_\_\_\_\_