

RECORD OF STUDENT TRANSFER

PLEASE USE THIS FORM TO REQUEST DOCUMENTATION
FOR ALL NEW STUDENTS ARRIVING AT YOUR SCHOOL

STUDENT NAME:

First

Middle

Last

MEDICARE #: _____ / _____ / _____

STUDENT # _____

MEDICARE EXPIRY DATE _____ / _____

BIRTH DATE: _____
Day Month Year

GENDER: Male Female

GRADE: K 1 2 3 4 5

IMMUNIZATION VERIFIED? Yes No

*****Receiving School to Complete the Following*****

DISTRICT #: ASD-W

SCHOOL #: 2503

SCHOOL NAME: Geary Elementary Community School

SCHOOL ADDRESS: 16 Lauvina Bye Road
Geary, NB
E2V 3Y1

SCHOOL PHONE #: (506) 357-4071

SCHOOL FAX #: (506) 357-4051

DATE STUDENT ARRIVED: _____
Day Month Year

Please send all relevant documentation concerning my son/daughter to his/her new school. Note: In New Brunswick this may include the Student Record Card and Student Services records.

DATE: _____

SIGNED BY: X
Parent/Guardian

DATE: _____

SIGNED BY: _____
Principal/Designate

*****Sending School to Complete the Following*****

PROVINCE: _____ DISTRICT #: _____ SCHOOL #: _____

SCHOOL NAME: _____

SCHOOL PHONE #: () _____ SCHOOL FAX #: () _____

For your records.....

Confirmation that documents were released to the student's new school.

DATE: _____

SIGNED BY: _____
Principal/Designate

NOTES: