

# 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:  \_\_\_\_\_  
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: