



SCHOOL CHANGE REQUEST 2016-17

Office Use Only	
Request Date:	_____
Request Time:	_____

Student's Name: _____

Catchment School: _____ School Requested: _____

I would like the school change to be effective: _____ 20 ____

At that time the student will be in grade: _____

Reason(s) for Request: _____

Parent/Guardian's Name: _____ Home Ph#: _____

Work Ph#: _____ Cell Ph#: _____

Mailing Address: _____

I have read and accept the conditions stated on the reverse of this sheet

Parent/Guardian's Signature

FOR COMPLETION BY HOME SCHOOL PRINCIPAL

I am aware that this student is applying to attend another school in the district.

Home School Principal's Signature: _____ Date: _____

FOR COMPLETION BY RECEIVING SCHOOL PRINCIPAL

I am aware of this request: _____ Date: _____
Principal's signature

Decision:

Request is approved: Yes ___ No ___ Date Parent Notified: _____

If No – reason: _____

The information on this form is collected under the authority of the School Act, sections 13 and 97. The information will be used for educational program purposes and when required, may be provided to health services or other support services as outlined in section 97(2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Information and Privacy Coordinator, School District No. 62 (Sooke), 3143 Jacklin Road, Victoria, BC, V9B 5R1, (250) 474-9800.