

Student Transfer Decision Complaint Form

This form is to be filled out by parents wishing to have their transfer application decision reviewed by the Office of the Deputy Superintendent. Please complete this form and email it to transfercomplaints@sd38.bc.ca or deliver it in person to the School Board Office, Attention: Office of the Deputy Superintendent.

Student Information

Student Last Name: _____ Student First Name: _____

Date of Birth: _____ September Grade: _____

Current School: _____

Catchment School: _____

Parent(s)/Legal Guardian(s) Information

Parent/Legal Guardian Name: _____

Relationship to Student: _____

Contact Phone Number: _____

Email: _____

Transfer Request Information

Requested School for Transfer: _____

Please briefly explain why you would like your transfer application decision reviewed.

Parent/Legal Guardian Signature

Date Submitted

OFFICE USE ONLY – Date and Time Received _____ Staff Initials: _____

Transfer Decision Upheld

Transfer Decision Varied

Staff Initials: _____