



Student Record Transfer Request Schools in Canada

Date: _____

Attention: Student Records Secretary/Principal

Please forward a COPY of the following student records/confidential files to the school, as indicated below.

Previous school attended:

| | | |
|----------|-----------|--------------|
| School: | | |
| Address: | Province: | Postal Code: |
| Phone: | Fax: | Email: |

Student(s), previously registered at your school, recently enrolled at Rocky View Schools.

| Student Name | Grade | Date of Birth |
|--------------|-------|---------------|
| | | |
| | | |
| | | |
| | | |

Parent Name: _____

Parent Signature: _____ Date: _____

Please forward a COPY of file to the following school:

| | | |
|--|------------------------------|----------------------------------|
| School: Springbank Community High School | | |
| Address: 32226 Springbank Road, Calgary | Province: AB | Postal Code: T3Z 2L9 |
| Name: Josilynn Thiessen | Position: Guidance Secretary | |
| Phone: 403-246-4771 | ext 4603 | Email: jthiessen@rockyview.ab.ca |
| Signature: | | |

A copy of this form should be retained at the school.



Student Record Transfer Request

Schools in Canada

Acknowledgement of Receipt of a Student Record

This form must be completed in duplicate by the school sending the student record and must be verified by the school receiving the record. Each school retains one copy.

This is to certify that the records for the following student have been received.

Student Information:

| | |
|-------------------------------|----------------------------|
| Student Name: | Provincial Student Number: |
| Student Name: | Provincial Student Number: |
| Student Name: | Provincial Student Number: |
| Student Name: | Provincial Student Number: |
| Name(s) of Parents/Guardians: | |

Student Record Transferred From:

School Name:
School Address
School Authorized Signature: _____
Name:
Date records were transferred (DD/MM/YYYY):

Student Record Transferred To:

School Name Springbank Community High School
School Address: 32226 Springbank Road, Calgary, AB T3Z 2L9
School Authorized Signature: _____
Name:
Date records were received (DD/MM/YYYY):

Please acknowledge receipt by returning a signed copy of this form to the originating school by email.