

Advice of Student Transfer

Student's Name: _____ Class: _____

Reason for Transfer: _____

New School Student Attending: _____

Last Date of Attendance: _____

New Contact Details:
Address: _____

Telephone: _____

Please complete the following questions:

Are you a Defence Family? Yes No

Does any student listed above receive PSDMS Funding? Yes No

Is the student enrolled through the International Student Program? Yes No

If YES, you must also complete a withdrawal/transfer form. IS ID# _____

Parent's Name: _____

Parent's Signature: _____

Date: _____