Living Sky School Division No. 202

"Growth Without Limits, Learning For All"

Student Transfer Letter

Date: _____

Student Name: _____ School: _____

Date of Birth: _____

Grade: _____ Contact Teacher: _____

Days Attended/Total Possible Days: _____ Last Day Attended: _____

Type of Program:
- Regular ☐
- Modified ☐
- Alternate ☐
- Personal Program Plan ☐

Transferring To: _____

Disabilities/Learning Difficulties/Special: _____

_____

_____

Testing Results Available:
- Ed. Psych. ☐
- SLP ☐
- Sp.Ed. ☐
- Other ☐

Reading Level: _____ Program: _____

Math Level: _____ Program: _____

Other Relevant Academic Information: _____

_____

_____

Behavior (Problems, effective discipline strategies, etc.): _____

_____

_____

Family History: _____

_____

_____

Please call if you have any questions.

FOR OUT OF DIVISION TRANSFERS

Pupil Cumulative Record is available on request ☐
is not available on request ☐

To: _____ From: _____

_____ _____

_____ _____

_____ _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

_____
Principal's Signature