



DATE:

SCHOOL NAME, ADDRESS:

STUDENT FILE TRANSFER REQUEST

The following student has enrolled at Big White Community School to begin classes on _____ (date)

NAME

D.O.B.

GRADE (2019-20)

Would you please forward the file information, file folder, Permanent Record Card and any other pertinent information to **BWCS – student records, Box 240, Christina Lake, BC, V0H 1E0.** If these are not available, or if there are special circumstances surrounding this student, please contact me at your earliest convenience. Please withdraw this student from MyEdBC.

Sincerely,

for:

ANNA LAUTARD
Principal

PARENTAL CONSENT:

In accordance with the Freedom of Information and Protection of Privacy Act, School District No. 51 (Boundary) requires consent to use personal information for purposes related to educational programs. For this purpose, we request parental consent for the following:

Student Records:

I give permission for West Boundary Elementary School to release the student records (confidential student file) they have on file for my child listed above to Big White Community School, SD #51.

Parent Signature

Date