

## **CISPG POLICY MANUAL**

## **School Administration STUDENT: TRANSFERS**

Form 323

GRADE LEVEL: OTHER PLACEMENT:  NAME OF SCHOOL:  City/Town  Postal Address  Street City/Town Postal Code	STUDENT SURNAME:	GIVEN NAMES:	
NAME OF SCHOOL:  City/Town  POSTAL ADDRESS  Street  City/Town  Postal Code  TELEPHONE:  FAX:  NAME OF RECEIVING SCHOOL:  School Name  City/Town  POSTAL ADDRESS  Street  City/Town  Postal Code  TELEPHONE:  FAX:  PROGRAM SUMMARY  Religious Education:  Reading:  Language Arts/Writing:  Mathematics:		OTHER PLACEMENT:	
Street City/Town Postal Code  TELEPHONE:			
NAME OF RECEIVING SCHOOL:  School Name City/Town  POSTAL ADDRESS Street City/Town Postal Code  TELEPHONE: FAX:  PROGRAM SUMMARY  Religious Education:  Reading:  Language Arts/Writing:  Mathematics:	POSTAL ADDRESS Street	City/Town	Postal Code
School Name City/Town  POSTAL ADDRESS Street City/Town Postal Code  TELEPHONE: FAX:	TELEPHONE:	FAX:	
Street City/Town Postal Code  TELEPHONE: FAX:  PROGRAM SUMMARY  Religious Education:  Reading:  Language Arts/Writing:  Mathematics:	NAME OF RECEIVING SCHOOL: School Name		City/Town
TELEPHONE: FAX:	POSTAL ADDRESS Started	C'A-/T	Destal Code
Reading: Language Arts/Writing:  Mathematics:		·	
Reading:  Language Arts/Writing:  Mathematics:	PROGRAM SI		
Language Arts/Writing:  Mathematics:	Religious Education:		
Language Arts/Writing:  Mathematics:			
Mathematics:	Reading:		
Mathematics:			
	Language Arts/Writing:		
	Mathematics:		
Science:	iviatiiciiatics.		
Science:			
	Science:		

Social Studies			
Second Language:			
Physical Education:			
Other Subjects:			
SUPPORT SERVICES THE STUDENT IS			
Learning Assistance: (		Modified Programme ()	
IEP (	)	Visually Impaired ()	
Hearing Impaired (	)	Speech/Language Assistance ()	
Other (	)		
		rwarded following a written request from the arent or guardian of the above named student.	
Teacher's Signature		Principal's Signature	

Please contact us for any additional information.