



**APPLICATION FOR PRE-PRIMARY PROGRAM TRANSFER**

Child's name: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Age: \_\_\_\_ Date of Birth: (m/d/y) \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Civic number: \_\_\_\_\_ Village (or road) name: \_\_\_\_\_

I hereby make application for my son/daughter to transfer from \_\_\_\_\_  
School Catchment Area to \_\_\_\_\_ School Catchment Area starting  
\_\_\_\_\_ (date).

The reason I request this transfer is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR ADMINISTRATION PURPOSES ONLY**

Supervisor of Pre-Primary Program: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_ Denied: \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Sending Program Principal  
Receiving Program Principal  
Coordinator of Programs

Send Form to:  
**ATTN: Jaime Spates,**  
**TCRCE Supervisor of Pre-Primary Programs**  
**Email: [jaimespates@tcrsb.ca](mailto:jaimespates@tcrsb.ca)**  
**Phone: 902-740-1841**  
**Fax: 902-749-5194**