



Transfer Request for Unique Setting High School

Questions |

Please contact your
designated high school.

This form is only for requests to transfer to one of the following unique settings high schools:

- **Alternative High School**
- **Discovering Choices**
- **Jack James High School**
- **Louise Dean School**
- **CBe-learn**

Instructions

- 1 | Go to the school website for information about the requested school and its transfer process and requirements. Some schools require additional forms. Follow the directions provided on the school website.
 - Alternative High School: <https://school.cbe.ab.ca/school/alternative>
 - Discovering Choices: <https://school.cbe.ab.ca/school/discoveringchoices>
 - Jack James High School: <https://school.cbe.ab.ca/school/JackJames>
 - Louise Dean School: <https://school.cbe.ab.ca/school/louisedean>
 - CBe-learn: <https://school.cbe.ab.ca/school/cbe-learn> (use this form only for requests from March 15 - September 30)
- 2 | The parent / legal guardian or independent student must fill out Page 2 of this form.
- 3 | Submit this form, plus any other forms required by the unique setting high school, to your designated high school.

Note: CBE will respond to your transfer request through email.



Transfer Request for Unique Setting High School

This form is only for transfer requests to Alternative High School, Discovering Choices, Jack James High School, Louise Dean School or CBe-learn. To be completed by the Parent / Legal Guardian or Independent Student.

Student First Name:	Middle Initial:	Last Name:	CBE Student ID #:	Date of Birth: (YYYY/MM/DD)
Student Address: (with Postal Code)				Special Education Coding: ☐ Yes ☐ No
Current School:			Current Grade:	Designated School:
Requested School: ☐ Alternative High ☐ Jack James ☐ Discovering Choices ☐ Louise Dean ☐ CBe-learn				
Reason for Transfer Request:				Requested Grade:
Subjects Desired at Requested School:				
Parent / Legal Guardian or Independent Student Name:			Address (if different from student):	
Home Phone:	Business Phone:	Cell Phone:	Email Address:	

I, as the Parent / Legal Guardian or Independent Student acknowledge that:

- ☐ I have reviewed the transfer information on my requested school's website; and
- ☐ This request will not necessarily result in the student's transfer to the requested school; and
- ☐ The request will be considered with regard to enrolment priorities set out under the *Education Act* and the policies of The Calgary Board of Education.

Note: If the student is an "independent student" as defined in the *Education Act*, the student's residency will be considered.

I, the undersigned, hereby represent and have the legal authority to request a transfer for the child. By submitting this form, I declare the information that I have provided is complete and accurate.

Signature

For printed form submissions:

Sign your name below.

Date: (YYYY/MM/DD) _____

For digital form submissions:

If this is a digital form that you will submit through email, type your name below. This acts as your signature.

Name: _____

Date: (YYYY/MM/DD) _____

Authorization for Collection of Personal Information

Personal information contained on this form is collected under the Student Record Regulation of the *Alberta Education Act*, and section 4(c) of the *Protection of Privacy Act*. The information will be used for the purpose of student registration. If you have any questions regarding the collection of this information, contact the school Principal.