

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.

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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)					S _F		<u> </u>	Special Education Coding: Yes No	
Current School:					Current Grade:		Designa	ted 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:				Add	Address (if different from student):				
Home Phone: Business Phone		one:	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:				For digital form submissions:					
Sign your name below.				If this is a digital form that you will submit through email, type your name below. This acts as your signature.					
Date: (YYYY/MM/DD)				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 *Education Act*, and section 33(c) of the *Freedom of Information and 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.