



Exhibit 1

Related Procedure: 3 – 18 Student Records

Effective Date: 2020 May

### Request for Student Transfer

Start Date: \_\_\_\_\_

Attn: Office of the Principal

Name/Address of Previous School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward the Cumulative Records, and all Confidential Files including psychological, behavioral, academic assessments and medical reports for the following student in accordance with Alberta Student Record Regulations for the Province of Alberta, Section 2(1) *digitally or by paper if you are not yet digital with PASI.*

Student Legal Name: \_\_\_\_\_

Student AKA Name: \_\_\_\_\_

Student D.O.B.: \_\_\_\_\_

Current Grade \_\_\_\_\_

ASN (Alberta Student Number if known): \_\_\_\_\_

**If no records are available, please call or fax the school to advise. Thank You.**

Name/Address of Requesting School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The collection of personal information herein is collected pursuant to the provisions of the *School Act* and its Regulations. The *Freedom of Information and Protection of Privacy Act (FOIP)* and the *Vital Statistics Act*, as the collection is related directly to and is necessary to the School Boards' obligations to provide students with an education program that meets their needs and to provide a safe and secure school environment. All information collected pertaining to students will be kept confidential unless otherwise authorized in writing by the parent or guardian of the student.