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Request For Transfer of Records WITHIN
The Eastern School District

TO: THE SCHOOL PRINCIPAL

School _____

Address: _____

_____ born _____ has registered
(Name of Student) (Date of Birth)

at _____
(Name of School/Address of School)

With the consent of the student/parent/caregiver appended below, I request that you forward this student's complete student record.

(Signature of Principal of Receiving School)

(Signature of Witness)

I consent to this transfer:

(Signature of Parent/Caregiver)

(Signature of School Principal Sending Records)

(Print/Type Name of Parent/Caregiver)

(Date Sent)

(Date)

(Method of Transfer)

- Copy to Student Record
- Copy to Sending School Principal