Student Transfer Application
Yukon Department of Education

Student Information

Date of Application: _____

First Name: Last Name:

Date of Birth:

Current Grade:

School Applying to:

Grade, Semester, and or School Year Applying for:

If applying to a Catholic School, will you value the beliefs of the Catholic School System?

School Presently Attending:

Have you contacted the school of attendance to inform them of your Student Transfer Application? Whom?

Reason for Transfer:

Is there a sibling already attending the "Applying to" school?

If Yes
First Name: Last Name: Grade:

Parent, Guardian or Student 16 years of Age

Student Transfer Application
Yukon Department of Education

First Name: Last Name:

Address:

City/Town: Postal Code:

Home Phone: Work Phone:

E-mail Address:

Department of Education

Received to the Department: Date Time By Whom

Parent Notified of Receipt: Date Time By Whom

Review by Superintendent:

Parent Notified of Status: Date Time By Whom

School Presently Attending Notified: Date Time By Whom

School Applying to Notify: Date Time By Whom