## West Boundary Elementary School

4035 South. Kettle Valley Rd. Rock Creek, BC, V0H 1Y0 PH # 250-446-2724



Date:		
STUDENT FILE TRANSFER REQUEST		
The student(s) listed below has/ha Please forward all records includin any other pertinent information.		
NAME	DOB	GRADE
enrolled in. Please forward studen information pertaining to this stude these student, please contact us.  Thank you,		
Jenny Schmalz for Nick Bond, Princ	cipal	
PARENTAL CONSENT: In accordan Privacy Act, School District No. 51 information for purposes related to parental consent for the following permission for the release of the consents of the consents that materials assessments that materials are sent as the sent and th	(Boundary) requires conse o educational programs. F : Student Records: I hereb omplete student file, inclu- ay be present and ask the	ent to use personal for this purpose, we request y authorize and give ding any testing and
Parent/Guardian Name (please p	rint) Date	
Parent Signature		