TRANSFER OF STUDENTS

Scope

This policy covers the transfer of a student from the school that serves his/her geographical area to another school within the jurisdiction of the Cape Breton-Victoria Regional School Board.

Purpose

To provide guidelines that will determine when such a transfer may be permitted and ensure the process occurs in an orderly fashion.

Policy Statement

The Cape Breton-Victoria Regional School Board determines the appropriate placement of its students for attendance purposes in order to plan programs, organize transportation services, and generally manage the school system. The Cape Breton-Victoria Regional School Board acknowledges that, under certain circumstances, it is sometimes in the best interest of students to transfer to a school other than their local school. Transfers may be approved on the condition that there will be no additional staff or transportation costs associated with the student transfer.

Cross Reference

Nova Scotia School Athletic Federation Handbook
CBVRSB Policy - Student Transfers To School Buses Other Than Their Assigned Bus (OST 417)

Authorization

This policy has been authorized by the Board under motions number 99-355.

Responsibility

It is the responsibility of the Director of Programs and Student Services to ensure that this policy and administrative procedures are implemented.
**Implementation**

The Coordinator of School Services will implement the policy and administrative procedures.

**Guidelines**

1. The Cape Breton-Victoria Regional School Board determines student placement in schools, according to established boundaries. Transfer requests **will not** automatically be approved.

2. Student transfers may be approved if **the principals** of the receiving and sending schools are in agreement and there are no additional transportation and/or staffing costs to the Cape Breton-Victoria Regional School Board.

3. Parents/guardians may request a transfer to another school for **eligible** reasons by completing an Application for Transfer of Students Within the Region request form.

4. **Eligible reasons** for requesting a student transfer include, **but are not limited to:**
   - 4.1 Access to educational programs and/or student services not available at their local school;
   - 4.2 Educational needs.

5. **Ineligible reasons** for requesting a student transfer include, **but are not limited to:**
   - 5.1 Students who are suspended from school and are seeking access to another Board facility;
   - 5.2 Students who want to play on sports teams at another school. For example, transfers will not be permitted to play on a sports team that is offered at their current school. For more information, please refer to the Nova Scotia School Athletic Federation (NSSAF) Handbook.

6. The primary consideration in the evaluation of transfer requests is the best interest of the student. Transfer requests are also evaluated to determine if the receiving school can reasonably provide the requested educational programming arrangements that are best suited to the student. Key factors include, but are not limited to:
   - class sizes;
   - class schedules;
   - class compositions;
   - course offerings;
   - program availability; and,
   - student services and/or other operational conditions in the receiving school.

7. **For approved student transfers, parents/guardians are responsible for the transportation of the student to and from the receiving school.**
8. Entitlement for school bus service is given to students residing in the geographical area of the school.

9. As per School Board Policy, parents/guardians are responsible to get their children to and from the bus stop.

10. To the extent possible, receiving schools will approve student transfers based on the best interest of the student, eligible transfer reasons and school capacity to accommodate additional students. Student transfer requests involving extenuating circumstances will be addressed on a case by case basis, as appropriate.

11. The Cape Breton-Victoria Regional School Board has established a set of procedures to guide all aspects of this policy.

**Procedures**

1. A parent/guardian who wishes to transfer his/her child for an eligible reason(s) to another school must complete and then submit to the Principal of the current school the attached form, Application for Transfer Within the Region (Appendix A).

2. Under normal circumstances, transfer applications for the following school year involving students in grades P-9 (including incoming Primaries) must be completed by May 31st. Transfer applications for students in grades 10-12 will be considered for the second semester of a school year if they are received by November 30th. Timing of an application for transfer will affect the approval process. For example, a decision may be deferred until class sizes and/or the student needs of the receiving class are determined.

3. While an application for transfer should be finalized before the start of a school year/semester, consideration may be given to a transfer application at other times of the year where extenuating circumstances and conditions warrant that a transfer would be in the best interest of the student. Such transfer applications will be addressed on a case-by-case basis, as appropriate.

4. Applications for student transfers will be considered in the order in which they are received.

5. Upon receipt of the Application for Transfer of Students request form, the Principal of the neighborhood school will review the request to:
   a. ensure that all required information and documentation has been provided by the parent/guardian;
   b. discuss the request with the parent/guardian, student and/or school personnel, as appropriate;
   c. accept or reject the request;
   d. discuss the request with the principal of the receiving school;
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e. send the signed Application for Transfer of Students request form to the receiving principal.

6. **Students currently enrolled in a local school will remain registered at that school while the transfer request is being processed.**

7. The receiving Principal will review the request and related information and notify the parent/guardian by telephone and/or in writing of his/her decision within a timely fashion.

8. If the transfer request is declined, the parent/guardian may appeal the decision in writing to the Coordinator of School Services (please refer to Appendix B). The Coordinator will confer with the parent/guardian and principals and provide a written response to all parties in a timely manner, usually within ten (10) working days. The decision of the Coordinator is final and binding.

9. Individual school bus drivers, school staff and/or other parties do not have decision-making authority and should refer all parent/guardian bussing inquiries directly to the Transportation Department for consideration and response.

10. Transportation requests will be evaluated on the basis of several factors, including existing bus routes and stops, the number of students on the buses, and/or the schedule of buses. Existing bus routes and stops may be used when space is available on the bus, but new bus routes and/or stops will **not** be created to accommodate transferred students. Bussing for transfer students may be approved conditionally as a courtesy, and may be revoked at any time, as conditions change.

11. The Coordinator of Transportation will then notify the parent/guardian and receiving principal directly of whether school bus transportation is available.

12. The current and receiving principals will forward copies of all transfer forms and related decisions to the Coordinator of School Services and, if approved, the Coordinator of Transportation, also.

**Related Guidelines**

Education Act, Regulations Under This Act

**Associated Forms**

Application for Transfer of Students (Appendix A) – Parents’ Form and Principals’ Form
Notice of Appeal of a Student Transfer Decision (Appendix B)

**Policy Review**

This policy will be reviewed by Director of Programs and Student Services within three years from the authorization date.

**Distribution**
APPENDIX A
APPLICATION FOR TRANSFER OF STUDENTS
PARENT/GUARDIAN FORM

Student Name: ___________________________ Date of Birth: ___________________________

Present School: _______________________ Grade: _____ Program: ________________

School Requested: ________________________________________________________________

Parent/Guardian Name: _____________________________________________________________

Current Civic Address: _____________________________________________________________

Mailing Address: ________________________________________________________________ Postal Code: ___________

Home Telephone: ___________ Work Telephone: ___________ Email: _____________________

Reason for Request (attach additional information, as required):

________________________________________________________________________________
________________________________________________________________________________

If there are custody arrangements in place, a copy of the legal agreement may be required in order to
process the transfer application.

I understand that this transfer request may be approved or declined by the sending and/or receiving
school. I understand that, if the transfer is approved, I am responsible to transport my child to and from
the receiving school. I understand that the Coordinator of Transportation determines the availability of
school bus transportation to the receiving school, based on existing bus routes, bus stops, and school
bus seating capacity. Changes in bus stops and/or schedules will not be enacted to accommodate
student transfers. Bussing for transfer students, if approved, is a courtesy that may be revoked at any
time, in response to changing conditions.

Parent/Guardian Signature ___________________________ Date ___________________________
Section 1 – Current School

Comments of Current Principal: ______________________________________________________

Principal of current school: This request is: Recommended ☐ Not recommended ☐

Signature of Principal at current school: ______________________________________________

Date: __________________________

Section 2 – Receiving School

Comments of Receiving Principal: ____________________________________________________

Principal of requested/receiving school: This request is: Accepted ☐ Declined ☐

Signature of Principal at receiving school: _____________________________________________

Date: __________________________

*Please advise Principal of sending school by fax regarding acceptance or rejection of this request. The sending school will not forward the Cumulative Record Card until written notification is received and all student data has been transferred in PowerSchool.

*For approved student transfers, the receiving principal will formally ask the Coordinator of Transportation if school bus transportation is available for the transferring student, as per the conditions outlined in this policy and procedure. Date that the Principal contacted the Coordinator of Transportation regarding bussing: ______________________________

*Copy to be forwarded to the Coordinator of School Services.
APPENDIX B

PARENT/GUARDIAN NOTICE OF APPEAL OF A STUDENT TRANSFER DECISION
CONFIDENTIAL

CURRENT School: _________________________________________________

Principal/Designate: ______________________________________________

Name of Student: _______________________________________________  Grade: _________

Date of Birth: _________________________________________________

Parent(s)/Guardian(s): ____________________________________________

Address: _________________________________________________________

Postal Code: _____________  Telephone #: __________________________

REQUESTED School: ______________________________________________

Date of PRINCIPAL response to STUDENT TRANSFER REQUEST: ____________

Phone Call  [ ]  Written Response  [ ]

Reason(s) for Appeal: ________________________________________________

_______________________________________________________________

_______________________________________________________________

Signature of Parent/Guardian: ________________________________ Date: ________________

Please fax or mail this form to:
Coordinator of School Services
Cape Breton-Victoria Regional School Board
275 George Street, Sydney, N.S.  B1P 1J7
Fax: 902 567-6293