



ST. JAMES-ASSINIBOIA SCHOOL DIVISION

JRA-E-3

LL# 82719

ST. JAMES-ASSINIBOIA SCHOOL DIVISION PUPIL SUPPORT FILE TRANSFER RECORD

Student Name:

Last Name,

First Name

Date of Birth:

____ / ____ / ____
Day Month Year

MET Number:

Sending School:

Name of Counselor/Resource/Teacher:

Signature:

Receiving School:

Name of Counselor/Resource/Teacher:

Signature:

Parent/Guardian Approval: Yes ☐ No ☐

DATE OF TRANSFER: _____

This personal information is collected under the authority of the Public Schools Act and the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used for the purpose of maintaining student records. If you have any questions about the collection contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, 204-888-7951.