

Cumulative Record Transfer Form

RECORD OF REQUEST

Name of School Requesting	cord School Division				Date Requested			
HERBERT SCHOOL CHINOOK SCHOOL DIVISION								
Street/PO Box		Town/City				Post	Postal Code	
		•						
BOX 670	HE:	RBERT	SA	SASKATCHEWAN				
Contact Person		Title		Phone Number Fax Nu			Number	
CHAD STRIKER	PRINCIPAL		306-784-	784-2454 306-7		784-3101	84-3101	
STUDENT INFORMATION								
Name	Previous School					_		
	•							
Date of Birth		Gender			Provincial	Learning ID	(if known)	
Day Man	V-	M	г					
Day Mon	_ 11	^[V]	r					
Street/PO Box Tov	vn/City	Provin	ce	Po	ostal Code	Phoi	ne Number	
Name of Parent/Guardian Signature of Parent/Guardian								
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Address of Parent/Guardia						5.		
Street/PO Box Tov	vn/City	Provin	ce	Postal Code		Phoi	Phone Number	
RECORD OF TRANS	SFFR (Plassa	anclosa con	ov of this	raduas	t with Cı	ımulativa	Dagord)	
DECEMBER OF THE PROPERTY OF TH		236		_	ot with Ct	HHUIALIVE	Kecoru)	
Name of School Sending C	Cumulative Reco	rd						
Date Cumulative Record S	Signature and Title							
				Q31-01-0				
NCC.I. I.D	0 13 5	1		2	1		,	
Name of School Receiving Cumulative Record Date Cumulative Record Received							1	
Signature and Title			(10)					