



Cumulative Record Transfer Form

RECORD OF REQUEST

Name of School Requesting Cumulative Record	School Division	Date Requested	
HERBERT SCHOOL	CHINOOK SCHOOL DIVISION		
Street/PO Box	Town/City	Province	Postal Code
BOX 670	HERBERT	SASKATCHEWAN	S0H 2A0
Contact Person	Title	Phone Number	Fax Number
CHAD STRIKER	PRINCIPAL	306-784-2454	306-784-3101

STUDENT INFORMATION

Name	Previous School												
Date of Birth	Gender	Provincial Learning ID (if known)											
Day _____ Mon. _____ Yr. _____	_____ M _____ F	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											
Street/PO Box	Town/City	Province	Postal Code Phone Number										
Name of Parent/Guardian		Signature of Parent/Guardian											
Address of Parent/Guardian (if different from student address)													
Street/PO Box	Town/City	Province	Postal Code Phone Number										

RECORD OF TRANSFER (Please enclose copy of this request with Cumulative Record)

Name of School Sending Cumulative Record	
Date Cumulative Record Sent	Signature and Title
Name of School Receiving Cumulative Record	Date Cumulative Record Received
Signature and Title	