Date:

**Attention:** Student Records Secretary/Principal

Please forward a COPY of the following student records/confidential files to the school, as indicated below.

# Previous school attended:

|  |  |  |  |
| --- | --- | --- | --- |
| School: | | | |
| Address: | |  |  |
| Phone: | Fax: | Email: | |

**Student(s), previously registered at your school, recently enrolled at Rocky View Schools.**

|  |  |  |
| --- | --- | --- |
| Student Name: | Province: | Postal Code: |
| Parent Name: | Grade: | Date of Birth: |
| Parent Signature: |  |  |

# Please forward a COPY of file to the following school:

|  |  |  |  |
| --- | --- | --- | --- |
| School: Cochrane High School | | | |
| Address: 529 4 Avenue North, Cochrane | | Province: AB | Postal Code: T4C 1Y6 |
| Name: Moneen Wuthrich | | Position: Power School/ Records Secretary | |
| Phone: 403-932-2542 | Ext 4403 | Email: [mwuthrich@rockyview.ab.ca](mailto:mwuthrich@rockyview.ab.ca) | |
| Signature: | | | |

A copy of this form should be retained at the school.

# Acknowledgement of Receipt of a Student Record

This form must be completed in duplicate by the school sending the student record and must be verified by the school receiving the record. Each school retains one copy.

This is to certify that the records for the following student have been received.

# Student Information:

Student Name: Provincial Student Number:

Student Name: Provincial Student Number:

Student Name: Provincial Student Number:

Student Name: Provincial Student Number:

Name(s) of Parents/Guardians:

# Student Record Transferred From:

School Name:

School Address

School Authorized Signature:

Name:

Date records were transferred (DD/MM/YYYY):

# Student Record Transferred To:

School Name

School Address:

Cochrane High School

526 Fourth Avenue, Cochrane AB T4C 1Y6

School Authorized Signature:

Name:

Date records were received (DD/MM/YYYY):

Please acknowledge receipt by returning a signed copy of this form to the originating school by email.