



Student Record Transfer Consent Form

This form must be completed and signed to authorize the transfer of a Student Record to a school outside of the Nova Scotia public education system.

Note: This form is *not required* for transfers between or within Regional Centres for Education (RCEs) and the Conseil scolaire acadien provincial (CSAP).

Your information (person completing this form)

Name: _____

Title/relationship to student: _____

Signature: _____ Date (MM/DD/YYYY): _____

Student information

Legal name: _____

Preferred/chosen name: _____

Date of birth (MM/DD/YYYY): _____ Student ID number: _____

Mi'kmaw Kina'matnewey (MK) Member Students Only:

MK student ID number (if known): _____

This MK Student Record Transfer Consent is for the 20 ____ to 20 ____ school year (YYYY to YYYY).

Transfer information

Student Record to be transferred from:

School name: _____

School address: _____

Student Record to be transferred to (school outside of Nova Scotia public school system):

School name: _____

School address: _____

To the attention of (name): _____

Title: _____

Consent for sharing of personal information

By signing below:

- I authorize the transfer of my/my child's Student Record to the school identified on this form.
- I understand that this includes all applicable information described in the Administrative Procedures for the Management of a Student Record, including but not limited to:
 - demographic and enrolment information
 - academic progress and achievement
 - services and supports provided to the student

(The detailed list of applicable information can be seen in Section 3.1 of the *Administrative Procedures*.)

- I understand that the Student Record will be transferred securely and that the original Student Record will remain with the Nova Scotia public school in accordance with the Student Record Policy and the Student Records Retention Schedule.
- *Mi'kmaw Kina'matnewey Member Students Only*: If I have given advance consent for transfer of my/my child's Student Record during the specified school year, I understand that I may withdraw my consent at any time by contacting the current school.

Signature

☐ Student (19 or older)

☐ Parent

☐ Legal Guardian

Name: _____

Signature: _____ Date (MM/DD/YYYY): _____

For assistance or additional information about the *Student Record Policy* and the *Administrative Procedures for the Management of a Student Record*, contact your school administration.

Full versions of the *Student Record Policy* and *Administrative Procedures* are available from the Nova Scotia Department of Education and Early Childhood Development website at:
<https://www.ednet.ns.ca/policies>.

THIS PAGE IS FOR OFFICE USE ONLY

Student Record Transfer Checklist

If the transfer process is expected to take more than **2 business days**, prioritize sending **Student Information, Academic History**, and **Individual Program Plan(s)** to ensure the student can be enrolled in their new school.

Records that must be included:

- | | |
|--|---|
| <input type="checkbox"/> Student Information | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Student Contacts | <input type="checkbox"/> Academic Achievement |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Academic History |
| <input type="checkbox"/> Self-identification
(Indigenous Identity / Ancestry Information) | <input type="checkbox"/> Early Literacy Support |
| <input type="checkbox"/> Custody Information | <input type="checkbox"/> Reading Recovery |
| <input type="checkbox"/> Enrollment History | |

Include when applicable:

POWERSCHOOL

- ☐ Transcript

TIENET

- | | |
|--|---|
| <input type="checkbox"/> Individual Program Plan(s) (IPP) | <input type="checkbox"/> Emergency Care Plan / Health Care Plan |
| <input type="checkbox"/> IPP Report | <input type="checkbox"/> Student Special Transportation Needs |
| <input type="checkbox"/> IPP High School Transcript | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> IPP High School Transcript Work Placement | <input type="checkbox"/> Additional Programming Documents |
| <input type="checkbox"/> Documented Adaptations | |

PAPER

- | | |
|---|---|
| <input type="checkbox"/> Cumulative Record (copies) | <input type="checkbox"/> Confidential Record (copies) |
|---|---|

DO NOT include the following records with a Student Record transfer:

- | | |
|---------------------------------|----------------------------------|
| • Behavioural Incidents | • SchoolsPlus Records |
| • Counselling Records | • Student Support Worker Records |
| • Youth Criminal Justice Record | |