

Summer Learning Course Transfer Form

SUMMER LEARNING

Ph: 604-903-3333 Fax: 604-903-3334 summer@sd44.ca

PLEASE NOTE: There is a \$50.00 administration fee associated with a course transfer. This payment will be processed upon approval of the course transfer request.

STUDENT INFORMATION

Student Name:	Phone:	
PEN:	MyEdBC Student Number:	
Student Email:	Parent Email:	
Please Print Clearly	Please Print Clearly	
Transfer from:	Transfer To:	
Course Name:	Course Name:	
Grade Level:	Grade Level:	
Reason for transfer:		
Student Signature:	Date:	
Parent Signature:	Date:	
Credit Card Payment Method: Visa Card Holder Name:		
(Please print	Amount Charged: \$50.00	
Card Number:	Expiry Date: CCV:	
I authorize the above payment to the	North Vancouver School District.	
Card Holder S	ignature: Date:	
Instructions for submitting this form: 1. Print and scan this completed form. 2. Attach the scanned form to an email and 3. You will receive an email to confirm or re (Summer Learning Course transfer requ	eject this request.	
	FOR OFFICE USE ONLY	
☐ Transferred course in MyEdBC Completed by:		
Print Na	me: Signature: Date:	
☐ Email Confirmation Sent Date:		