



Greater Saskatoon Catholic Schools

Request for Transfer of Cumulative Folder

The following student has enrolled in our school.

Student Name: _____

Birth Date: _____ (yr) _____ (mo) _____ (day)

Name of Parents/Guardians: _____

We are contacting you at the address below to request the transfer of the Cumulative Folder.

Sending (Former) School Address: _____

Sending (Former) School Principal: _____

Please send the Cumulative Folder to the following address:

Receiving School Address: _____

Receiving School Principal: _____

Receiving School Phone Number: _____

Date of Request: _____

<p>For Office Use Only</p> <p>Date request received: _____ Date of release: _____</p> <p>CUM Folder sent via: _____</p> <p>Comments: _____</p>
