Toronto District School Board

TDSB Internal Student Transfer Form

TDSB Sending School:

(Name/Address/Phone Number)

Fill out any information known at time of transfer

Legal Surname:	Legal First Name:	Legal Midd	Legal Middle Name:	
Preferred Surname:	Preferred First Name:	Preferred	Preferred Middle Name:	
DOB (dd/mmm/yyyy):	Last Date of Attendance (dd/mmm/yyyy):	Current G	Current Grade:	
Trillium #:	New Street name and # (fill out where applicable/ if known):			
Apt/Unit #:	City:	Postal Cod	Postal Code:	
Destination School Name (if known):	Destination school start date (dd/mmm/yy	late (dd/mmm/yyyy) (if known): ES		
Signature of sending school Principal/G	uidance/Administrator	Date (dd/mmr	m/yyyy)	
Receiving School Name:				
Address Documents Viewed for b	oundary eligibility (2 documents re	equired for h	ome address)	
•	cuments to confirm the student ad ppf.tdsb.on.ca/uploads/files/live/98	•	r	
New Address Entered in Trilliur	n (if applicable)			
Signature of receiving school Principal/Guidance/Administrator		Date (dd/mmm/yyyy)		

NOTES: For internal TDSB use only. When sending official OSR requests, please indicate the student attendance start date for student information system transfer purposes. Ministry guidelines require internal transfer forms be retained for current and two school years.