

Annapolis Valley Regional School Board
Acknowledgment of Receipt of a Student Record (2006)

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 indicated student records for the following students have been received.

Student Information:

Student Name: _____

Provincial Student Number: _____

Type of Student Record: Cumulative record
 Confidential record

Name(s) of Parents(s)/Guardian(s): _____

Student Record transferred from:

School Name: _____

School Address: _____

School Authorized Signature: _____

Date Records were Transferred: _____

DD/MM/YY

Student Record transferred to:

School Name: _____

School Address: _____

School Authorized Signature: _____

Date Records were Received: _____

DD/MM/YY

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