



650 Kawkawa Lake Road, Hope, B. C. V0X 1L4
Student Services Department
Phone (604) 869-2411
Fax (604) 869-7400

REVIEW OF FILE/DOCUMENTATION

Student Name: _____ DOB: _____
Last First

School: _____ Teacher: _____ Grade: _____

Parent(s)/Legal Guardian: _____

Address: _____ Phone: _____

PURPOSE OF REVIEW

New student to district (please check one below)
_____ Designation in previous district was _____
_____ No designation in previous district.

Student has a designation in our district? ___Yes ___No. If yes, current designation is: _____

Change in student designation from _____ to _____

Other: _____

The designation/change in designation of the student has been explained to the parents/guardian. _____Yes _____No

The designation/change in designation has been approved by the District Coordinator of Student Support Services. _____Yes _____No

Requested by: _____ Approved by: _____
School Personnel District Personnel