APPENDIX E

# THE HALTON DISTRICT SCHOOL BOARD
# OUT OF AREA TRANSFER REQUEST HEALTH INFORMATION FORM

**Parent/Guardian/Adult Student's Consent & Authorization**

I consent to the collection, use and disclosure of personal health information from my Registered Health Professional to the Halton District School Board pursuant to the *Personal Health Information Protection Act* and *Municipal Freedom of Information and Protection of Privacy Act* for the purposes of providing educational programming and services pursuant to the *Education Act*. I authorize the Registered Health Professional involved with my child's treatment to provide to me this form when completed, containing information about any health related needs/symptoms/limitations/ restrictions requiring accommodation for attendance at a school other than the student's home school. I acknowledge and accept that the Halton District School Board will not be responsible for any costs associated with the completion of this form.

| Name of Parent/Guardian Signature of Parent/Guardian | Date (D-M-Y) | Initial Form ☐ Follow-up Form ☐ |
|---|---|---|

| Student's Last Name First Name | | Date of Birth Day Month Year |
|---|---|---|
| Full Address (No., Street, Apt., City) | Postal Code | Telephone No. |
| Student Grade Student's Home School | Name of School Being Requested Through Out of Area Transfer | |

**To be completed by the Registered Health Professional:**

| Date of Examination (DD-MM-YY) | Is health treatment currently being provided? Yes ☐ No ☐ |
|---|---|
| Date of Last Treatment Provided | Other Comments |

The Halton District School Board endeavors to provide a safe environment/ workplace for all students while meeting our mandate under the *Education Act*. In the present case, the student's parent(s)/guardian(s) or adult student is requesting permission to attend a school other than the student's home school in order to accommodate the student's needs.

**Please complete the following:**

**Diagnosis:**

Does the student have a medical diagnosis or condition that might impact academic performance and/or safety and wellbeing at school? Yes ☐ No ☐

If yes, please describe how academic performance and/or safety and wellbeing might be impacted:

**Out of Area Transfer**

Please describe how a transfer request at a school that is not the student's home school will address the student's needs identified above and/or diagnosis:

Please describe how refusal to provide an out of area transfer at a school that is not the student's home school will impact the student's needs identified above and/or diagnosis and/or well-being:

| Name of Health Care Professional: | | Date: |
|---|---|---|
| Full Address (No., Street, Apt.): | City: | Postal Code: |
| Phone Number: | Signature: | |

*Personal information is collected on this form in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56, and is collected under the authority of the Education Act, R.S.O. 1990, c. E.2.*
*Personal information will be used for purposes related to the regular operational requirements of the educational and administrative functions of the Halton District School Board. For additional information about how the HDSB uses personal information please see the HDSB Statement of Personal Information Practices or, contact your school Principal.*

Revised:
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