



MEDICINE HAT SCHOOL DISTRICT No. 76
 601 – 1 Ave., S.W.
 Medicine Hat, Alberta, T1A 4Y7
Educational Assistant Transfer Request

This form is for Permanent Employees Only

Name: _____

Date: _____

Present School: _____

EA Experience *(list most recent first)*

School	Classroom or Teacher	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special strengths, interests, and extenuating circumstances

Check [] area[s] of interest ECS _____ Primary _____ Upper Elem. _____ Jr. High _____ Sr. High _____

Check [] area[s] of interest PUF _____ Special Education _____

I authorize Mr. Lyle Cunningham to share the above information with the principals of schools indicated.

EA Signature

Date

NOTE: Return Requests by March 31

[Over]

