



STUDENT TRANSFER REQUEST FORM

Student's Name _____ Grade _____ Room _____

Effective Transfer Date (date after last day of attendance) _____

Name of New School _____

Address of New School _____

City _____ State _____ Country _____

Parent Acknowledgement of Transfer _____
(Signature)

CHECKLIST OF GOOD STANDING - *Staff Use Only*

Teacher Use Only: Please initial if student has returned all textbooks in the condition they were issued and paid any and all outstanding fees.

Textbooks _____ Fees _____

Reading	Social Studies	Art	
Writing	Foreign Language	Music	
Math	Exec. Functioning	P.E.	
Science	Library	Days Absent	Times Tardy

Date Completed _____ Initial _____

Medical Compliance Initial _____

Sent To _____

Date _____