



REQUEST FOR TRANSFER FORM

2016-2017 SCHOOL YEAR

SECTION A – REASON FOR TRANSFER REQUEST

Please note: Requests for School Transfer for athletic reasons will not be considered.

Explanation for request: _____

SECTION B – STUDENT INFORMATION

Date: _____ Name of Student: _____ Grade in 2016-2017: _____

Current Address: _____ City: _____ Zip: _____

Type of Transfer Request: Intra-district Outside District

Current School or School District Student is Attending: _____

Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____

Attendance Record From Previous School Year: Total Absences Unexcused Absences:

Academic Record From Previous School Year (a copy of report card can be attached): _____

Disciplinary Record From Previous School Year: _____

SECTION C – PARENT/GUARDIAN SIGNATURE

Parent/Guardian states that he/she verifies that the above information is true and correct and that the above named student meets the eligibility criteria for enrollment. Parent/Guardian further grants permission to SM CSC to request information from student’s current school.

Signature Date

FOR DISTRICT USE

Interview with Parents Requested:

Request Recommended: Request Denied:

Recommended by School Principal Date

Approved by Superintendent/Designee Date