



# Request for Transfer/Withdrawal

Please complete the entire form. Turnaround for transfer packets is 1-3 business days.

Name of School

## Student Information

Name	DOB	Grade	Withdrawal Date
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Reason for Withdrawal

Transfer School (Name and Address)

Phone Number

FAX Number

Anticipated Start Date at New School

New Mailing Address

Phone Number

Email

Current Address

Move Out Date

Parent/Guardian Name (Please Print)

Date

Parent/Guardian Signature

Date

**Click to Sign**

## Transfer Packet Information

**Registrar will prepare a transfer packet upon receipt of this form. The transfer packet will include:**

*Official Transcript — Grades—Class Schedule—Test Scores—Attendance Data*

*Discipline Data — Birth Certificate—Immunization Records*

Please indicate how you would like this information sent to the school:

- I would like to pick up the student transfer packet at the school.
- I would like the student transfer packet mailed to new school address (listed above).
- I would like the student transfer packet faxed to the FAX number for new school (listed above).

**For Office Us Only:** Exit Date: \_\_\_\_\_

Exit Code: \_\_\_\_\_