



DATE: _____

REQUEST FOR TRANSFER/WITHDRAW RECORDS

STUDENTS NAME: _____

CURRENT GRADE: 9 10 11 12 DATE OF BIRTH: _____ SIF: _____

The above named student has my permission to transfer from Meade Senior High School for the following reason:

- Transfer within the county
- Transfer within the state
- Transfer out of state
- Transfer to foreign county
- Other (Please explain) _____

Students last full day of school will be: _____ (m/d/yr)

PLEASE INITIAL:

_____ I understand that all textbooks and other school property must be returned and all obligations/debts must be cleared before transfer.

_____ I verify that I am the parent/guardian of the above named student, mating legal documents in student file.

Parent/Guardian Name (PRINT): _____ Signature: _____

Contact Number: __ (____)-_____ Parent Email: _____

Forwarding address for student/Parent: _____ New School: _____

Name _____

Name _____

Street address _____

Street address _____

City, State, Zip code _____

City, State, Zip code _____

Processing Registrar: Susan Clevenger _____
sclevenger@aacps.org

Mary Hott _____
mhott@aacps.org