



# Request for Transfer/Withdrawal

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

Name of School
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## Student Information

Name	DOB	Grade	Withdrawal Date
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Reason for Withdrawal
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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
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Parent/Guardian Name (Please Print)	Date
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Parent/Guardian Signature	Date
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## 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).

<b>For Office Us Only:</b>	Exit Date: _____	Exit Code: _____
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