



# 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

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
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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).

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