

# Student Transfer Request Elementary School

This Form is to be Completed by the Parent/Legal Guardian & Signed by the Principal Designate

STUDENT INFORMATION			
Student Name (Last Name, First Name, Middle Initial)	OEN#:	Date of Birth (YYYY/MM/DD) / /	
Student Address:			
City:			
Postal Code	Gender/Identification: ' D o ' & u o Prefer not to specify: _____		
Parent/Legal Guardian Name:		Address (if different from student):	
Home Phone:	Business Phone:	Cell Phone:	Email Address:
TRANSFER REQUEST INFORMATION			
Transfer Request for _____			
Current School:		Current Grade:	
Requested School:		Requested Grade:	
Reason for Transfer Request			
Last Day of Attendance at Current School		Start Date at New School:	
Documents to attach with request ' I.E.P. (if applicable) ' Most Recent Report Card ' Other: _____			

I, as a Parent/Guardian acknowledge that:

- a.) this request is required for a transfer to be considered,
- b.) this request will not necessarily result in the student's transfer to the requested school,
- c.)