



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

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: _____