



# In-District Student Transfer Form

Today's Date: \_\_\_\_\_

Date Starting School: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Previous District School Attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Last Day of Attendance at Previous School: \_\_\_\_\_

## Student and Demographic Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

(New) Address: \_\_\_\_\_

(New) City: \_\_\_\_\_

(New) Home Telephone: \_\_\_\_\_

*I verify that I reviewed previous Registration Form and found no need to make any changes to information provided on that form other than those listed above. (If additional changes are necessary, please complete a new Registration Form.)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date