

STUDENT TRANSFER AGREEMENT

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

We request that my child be transferred from \_\_\_\_\_ school to  
\_\_\_\_\_ school by \_\_\_\_\_.

We understand that this transfer, if approved, may be temporary and our child may have to return to the school in our attendance area if overcrowding or other factors influencing the educational program or student well-being makes the transfer no longer feasible.

\_\_\_\_\_  
\_\_\_\_\_