

Date Requested: \_\_\_\_\_

### **Transfer Information From Parents**

(Please allow a minimum of 24 hours for transfer to be completed)

Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Grade: \_\_\_\_\_ Room #: \_\_\_\_\_ Teacher : \_\_\_\_\_

**\*\*In order to make this process easier please fill out the following information and bring it to the school with your PHOTO ID so we can complete the transfer.\*\***

Your current address: \_\_\_\_\_

Your new address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ Cell number: (\_\_\_\_\_) \_\_\_\_\_

Name of new school: \_\_\_\_\_

Address of new school: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_\_) \_\_\_\_\_

County: \_\_\_\_\_ School District: \_\_\_\_\_

Your child's last day at Winslow: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(Please Print) (Please Print)

Signatures: \_\_\_\_\_

Once the transfer is complete we will send the documents home with your child so you can register them in their new school district. If you have any questions or need any further information please don't hesitate to call Winslow School at 856-794-6973.

#### **OFFICE USE ONLY:**

Form of ID: \_\_\_\_\_ Date Completed: \_\_\_\_\_