

Out-of-State Student Transfer Form

Name of Student (Last, First, Middle)	Birth Date (M, D, Y)	Sex	Grade Level
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Address of Student
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Name of Parent or Guardian	Parent/Guardian Telephone	
	Home	Work

Address of Parent or Guardian
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- I hereby attest that the above student is not currently serving a suspension or expulsion imposed by the school from which the student is transferring.
  
- I hereby attest that the above student's medical records are up-to-date and complete as of the date of this form.

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

\_\_\_\_\_  
Date