



This form is to request a renewal of a previously approved transfer.  
Please complete and return to the Principal of the student's Transfer School.  
(Transfer School is the school the student is currently attending based on a previously approved transfer)

Date: \_\_\_\_\_ Approximate date of originally approved transfer: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School the student is currently attending: \_\_\_\_\_

Student's Home School (Where they would attend if no transfer was in place): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Civic Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Student home phone number: \_\_\_\_\_ Parent home phone number \_\_\_\_\_

Reason(s) for Requesting Renewal of Transfer: *Please be specific. Attach additional information if necessary.*

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<i>School Use Only</i>	<b>Approval</b> (for the school year _____)
_____	_____
Principal of Transfer School	Date