

STUDENT ENROLLMENT/TRANSFER APPLICATION

1. PRESENT SCHOOL NUMBER

2. Are you temporarily living with others due to a lack of permanent housing, living in a shelter, living in a motel/hotel or otherwise homeless? Yes No

3. STUDENT INFORMATION (Please print legibly.)

Last Name

First Name

Initial

Student's Current Address

City

State

Zip Code

Student's Previous Address

City

State

Zip Code

Parent's Email Address

Grade

Date of Birth (MM/DD/YY)

Pupil ID Number

Age

Sex

M

F

Instructional Setting?

Phone Number

Additional Phone Number

LRE

 - -
 - -

4. SCHOOLS REQUESTED (Please provide 3 school names and numbers.)

5. PLEASE EXPLAIN THE REASON FOR THE TRANSFER REQUEST IN DETAIL (If additional space is needed, continue on the back.)

Parent or Guardian Signature: _____ Date: _____

This section of the form to be completed by the Office of Enrollment, Choice, and Transfers

Checklist for Folder

<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Photo ID of legal guardian	<input type="checkbox"/> Passport (if applicable)	<input type="checkbox"/> I-94 (if applicable)
<i>Proof of Residency (2 required):</i>			
<input type="checkbox"/> BGE bill	<input type="checkbox"/> Water bill	<input type="checkbox"/> Landline phone bill	<input type="checkbox"/> Cable bill
<input type="checkbox"/> Deed	<input type="checkbox"/> Mortgage statement	<input type="checkbox"/> Social Security letter	<input type="checkbox"/> Social Services letter
<input type="checkbox"/> Verifiable lease agreement	<input type="checkbox"/> Rent receipt	<input type="checkbox"/> Pay stub	<input type="checkbox"/> Bank statement
<i>If applicable:</i>			
<input type="checkbox"/> Discipline record	<input type="checkbox"/> IEP	<input type="checkbox"/> Attendance record	<input type="checkbox"/> Pre-K age eligible
<input type="checkbox"/> Transcript	<input type="checkbox"/> Specialized program	<input type="checkbox"/> Address certification form	<input type="checkbox"/> Overage
Date Request Received		Date Request Processed	
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; background-color: black; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; background-color: black; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
Zone School		School Assignment	
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
Decision			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	ECT MEMBER: _____	