

LAFAYETTE ELEMENTARY SCHOOL

PARENT CHOICE STUDENT TRANSFER

School Year:
20____ - 20____

STUDENT NAME (Last)	(First)	(Middle)	BIRTH DATE	GRADE
CLASS/TEACHER REQUESTED TO BE TRANSFERRED FROM				

PARENT/GUARDIAN NAME	PARENT/GUARDIAN PHONE NUMBER
ADDRESS (No.) (Street) (City) (Zip)	ALTERNATE PHONE NUMBER
EMAIL ADDRESS	

REASON FOR TRANSFER REQUEST

Parent's Signature _____

Date _____

Principal's/Administrative Designee's Signature _____

Date _____

Reviewed by:	FOR SCHOOL USE ONLY	Processed by:
RECOMMENDATION/COMMENTS _____		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		
_____ <i>(Signature of Principal or Designee)</i>		_____ <i>(Date)</i>
<input type="checkbox"/> NAME OF PARENT NOTIFIED _____ DATE NOTIFIED _____		

