

Dear Parents:

Please complete the information below so that we can issue transfer cards to your child's new school. Also attached is an Authorization for Release of School Records. Please complete this form and sign it so that we will be able to release your child's records to their new school.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Current Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_

**School that the student is transferring to:**

School Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Please return the above form to the main office.