

TRANSFER/WITHDRAWAL FORM

Student's Name _____ (M / F) ID # _____ Date of Birth ____ / ____ / ____ Class of _____
 (Age) (Grade)

Student's Agawam address: _____ (413) _____
 Street/Apt City State Zip Telephone

TRANSFER: Date signing out ____ / ____ / ____ Last day at Agawam Junior High School ____ / ____ / ____

Student's new address: _____ (413) _____
 Street/Apt # City State Zip Telephone

Student will be enrolling at the following school on: ____ / ____ / ____

Name and address of the school will be attending: _____

Street City State Zip Telephone (413)

NOTES: _____

WITHDRAWAL: Date signing out ____ / ____ / ____ Last day at Agawam Junior High School ____ / ____ / ____

Reason: _____ Future plans are: _____

NOTES: _____

IT IS THE RESPONSIBILITY OF THE STUDENT TO BRING THIS FORM TO ALL APPROPRIATE TEACHERS SO THEY MAY POST OUTGOING GRADES AND CONFIRM THE RETURN OF TEXT BOOKS.

THIS SECTION TO BE COMPLETED BY ALL TEACHERS ON CURRENT SCHEDULE

PERIOD	SUBJECT	TEACHER	TEACHER SIGNATURE	GRADE TO DATE	HAVE THE BOOKS, ETC., BEEN RETURNED? N/A IF IT DOES NOT APPLY
A					
B					
C					
D					
E					
F					
G					
H					

Student's LASID Number _____ Student's SASID Number _____
 Special Needs: Yes (New school system should contact old school system to assure continuation of special education program.)

COUNSELOR _____ DATE _____ PRINCIPAL _____ DATE _____

LIBRARIAN _____ DATE _____ TEXT BOOKS – ASSIST PRINCIPAL _____ DATE _____

NURSE _____ DATE _____ PARENT (If student is under 18) _____ DATE _____

SPECIAL SERVICES _____ DATE _____ STUDENT _____ DATE _____

**** PARENT APPROVAL IS NEEDED FOR WITHDRAWALS IF STUDENT IS UNDER 18 YEARS OF AGE. NO RECORDS WILL BE RELEASED UNLESS ADDITIONAL AUTHORIZATION FORM IS SIGNED.