



Student ID#: _____

Parent Requested Transfer Form: No Yes

STUDENT INFORMATION:

Student Name: _____ Grade: _____

Address: _____ City: _____

DOB: _____ Woodland School: PRI ELE ELW INTER MS

Homeroom: _____ Last day of attendance: _____

WITHDRAWAL INITIATED BY:

Name: _____ Relationship to student: _____

Phone Number: _____

Reason for withdrawal: _____

Signature: _____ Date: _____

NEW SCHOOL INFORMATION:

School: _____

City: _____ State: _____

Phone: _____ Fax: _____

PARENT'S NEW ADDRESS:

Address: _____

City: _____ State: _____ Zip Code: _____

Office Use ONLY:

Records Library Nurse Textbooks ISBE Transfer Form

Food Service District Office Transportation

School Official: _____ Date: _____