## STUDENT TRANSFER REQUEST FORM

Transfer requested for: 2020-2021 School Year

TYPE OF REQUEST				
(Please ch Out of attendance area	check one in each column below) ea Out of District			
Out of attendance area	.1		Renewal	
		Release	-	
Part I- Student Data- Form will not be accepted if Name of student:		address required		
Student's social security number: XXX-XX-		Male	Female	
School or District serving the area of your reside				
Grade for the application year:				
School you wish to have your child/children atte	end:			
Reason for requested enrollment outside the	e attendance area	a or the district in	which you reside	
Has your child been enrolled in Chesterfield County	School District Sch	nools previously?		
If yes, during what school year(s)?	hone number your	r student now attends	. This information	
needed to access academic and discipline records rel				
Part II- Parental/Custodial Data				
Mother/Custodian Name:	Father/Custodian Name			
Name of Custodial Party:				
911 Address				
P.O. Box if used for mailing purposes			-	
Mother/Custodial Home Phone Number		Work Phone		
		Work Phone		
	Father/Custodian employer			
Parent's/Guardian's Signature		Date		
-				
Part III- Status of Residency Data:				
My child and I are residents of Chesterfield	County			
	County.			
My child and I are residents of	•	County. *(#	Annual release required) <sup>;</sup>	
My child and I are residents of	•	County. *(#	Annual release required)	
My child and I are residents of Part IV- To Be Completed by the Principal of Red		County. *(#	Annual release required)	
Part IV- To Be Completed by the Principal of Red	quested School			
	quested School ne principal to indic ications to Cortney	cate the reason on the l Phillips in Student S	back of this form, date	

Principal's Signature\_\_\_\_\_ Date \_\_\_\_\_