



IN-DISTRICT SCHOOL TRANSFER FORM

Brick and Mortar ↔ Odyssey

Please complete this form and return to your child's current school office

STUDENT INFORMATION			
Student Last Name:	Student First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School Previously Attended:	School Transferring To:	Date of Transfer:	Current Grade:
Has the student been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the student under consideration for expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL NEEDS		
Has the student been involved with a special education program? If yes, what program (check as many as apply):		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Autism	<input type="checkbox"/> Intellectual Disabilities	<input type="checkbox"/> Emotional/Behavioral Disability
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Speech/Language Impairment
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Significant Developmental Delay	<input type="checkbox"/> Section 504 Plan

PRIMARY RESIDENCE INFORMATION	
Primary Street Address:	City, State Zip:
Parent/Guardian Legal Name:	Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other: _____
Cell Phone:	Email Address:

SECONDARY RESIDENCE INFORMATION	
Secondary Street Address:	City, State Zip:
Parent/Guardian Legal Name:	Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other: _____
Cell Phone:	Email Address:

<i>For Office Use Only</i> CURRENT SCHOOL ADMINISTRATIVE DECISION	
Date of Parent Meeting/Communication:	Decision:
Notes:	
Signature:	Date of Approval:

<i>For Office Use Only</i> RECEIVING SCHOOL ADMINISTRATIVE DECISION	
Date of Parent Meeting/Communication:	Decision:
Notes:	
Signature:	Date of Approval: