



Request to Transfer for School Year 2022-2023: JK – 5 ONLY

Student’s Name:

(Last) _____ (First) _____ (Middle) _____ DOB: ___/___/___

Address: _____ Zip Code: _____

Parent/Legal Guardian’s Name: _____

Telephone Home: _____ Work: _____

Email Address: _____ Current School Assignment: _____

Current Grade: _____ Next School Year’s Grade: _____

Requested School (s): (You may choose **up to 3 choices**)

New Request Renewal

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Does your child currently have an Individualized Education Plan (IEP)? Yes ___ No ___

Is your child currently receiving special education services? Yes ___ No ___. If yes, what are the services?

Please write your reasons for requesting a change of school:

Date transfer requested to become effective: _____

I certify that all information on this form is true and accurate to the best of my knowledge. I understand that if the address or child’s custody changes, I must notify the Cambridge School Department and the Student Assignment Officer, in writing.

NOTE: Only one (1) transfer allowed during the school year.

Parent/Guardian’s Signature _____

Today’s Date _____

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PLEASE DO NOT WRITE IN THIS SPACE. FOR OFFICE USE ONLY.

I.D.# _____ L.C. _____ Gender _____ E.C. _____ Grade for Transfer _____

Notes:

