

For Internal Use Only

Kenosha Unified School District No. 1

ADMINISTRATIVE SCHOOL TRANSFER REQUEST

Name: _____ I.D. Number: _____ Grade: _____

Telephone: _____ Date of Birth: _____ Ethnic: _____ Gender: M F

Home Address: _____ Zip Code: _____

School Currently Attending: _____ Attendance Area School: _____

Administrative Transfer To: _____

Documentation for this Transfer: _____

Parent/Guardian(s) Name: _____

Approve Administrative Transfer

Sending School Principal Date

Yes No

Receiving School Principal Date

Yes No

Receiving School: _____
Start Date

Transfer Documented in Pentamation: _____
Date

Forward copy to School Leadership Secretary, Cluster 2