



## Student Transfer Request

The following named student has requested enrollment at Cedar Valley Catholic Schools. In order to properly recommend or place the student into classes, we ask that the following information be provided. Once completed, a school official will contact the parent/guardian.

Student Legal Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School Contact Information:

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Parent/Guardian Contact Number: \_\_\_\_\_

Parent/Guardian Contact Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Upon completion of the student transfer request by the building administrator, the school building will need 2 business days to complete registration, prior to the student starting classes.**

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### Information Needed from Current School:

- Transcripts/Records of grades
- Attendance records
- Suspension/Expulsion History Records; discipline records
- Proof of age, medical data, health data
- Psychological, educational, emotional assessments
- Date for any and all special services: Resource room, special education, speech, gifted, IEPs, 504s
- Title I information, evaluation reports
- LEP (Limited English Proficiency at school/home)
- Other: \_\_\_\_\_

CVCS School: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Administration Name: \_\_\_\_\_

Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Records Release Request

Date: \_\_\_\_\_

Student Legal Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Former School Contact Information:

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

The above named student has enrolled at our school. In order for proper placement to be made and continuity of program, please send the complete cumulative record folder, including

- Transcripts,/Records of grades
- Grades at time of withdrawal
- Suspension/Expulsion History Records; discipline records
- Attendance records
- Standardized test scores
- Proof of age, medical data, health and immunization records
- Psychological, educational, emotional assessments
- Date for any and all special services: Resource room, special education, speech, gifted, IEPs, 504s
- Title I information, evaluation reports
- LEP (Limited English Proficiency at school/home)
- Record of co-curricular involvement

Parent/Guardian Signature: \_\_\_\_\_

CVCS School: \_\_\_\_\_

Administration Name: \_\_\_\_\_

(print)

Administration Signature: \_\_\_\_\_

Date: \_\_\_\_\_