

## STUDENT TRANSFER INFORMATION

Please help us make the best placement for your child at Kaysville Elementary by completing the following information:

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

Has your child ever attended a Davis School District elementary school?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, which school(s)? \_\_\_\_\_

Is your child coming from a:

Public School \_\_\_\_\_ Private School \_\_\_\_\_ Home School \_\_\_\_\_

What grade level is your child in? \_\_\_\_\_

Was your child receiving services or accommodations in any of the following at their last school?

RESOURCE	YES	NO
SPEECH	YES	NO
ELL (English Language Learner)	YES	NO
SELF-CONTAINED		
CLASSROOM	YES	NO
504 PLAN	YES	NO

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent or Legal Guardian Signature

Date