

CHEEKTOWAGA-SLOAN UFSD

166 Halstead Avenue / Phone# (716)-891-6404

Resident Student Transfer Request Form

School Year 2024-2025

This form will expedite transfers between schools for residents of the Cheektowaga-Sloan Union Free School District. If your child is registered with the Cheektowaga-Sloan UFSD and will attend a different school, please complete this form and provide the three (3) required current proofs of residency.

- If your child is transferring to one of the Cheektowaga-Sloan UFSD public schools, you must complete a record release form and provide proof of immunization and a recent physical.

Is your child transferring to one of the Cheektowaga-Sloan UFSD public schools?	
Theodore Roosevelt Elementary School (Pre-K to 2), Woodrow Wilson Elementary School (3 to 5), John F. Kennedy Middle School (6 to 8), or John F. Kennedy Senior High School (9 to 12)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Transferring Student Information	
Student Name:	
Date of Birth:	
Address:	
City:	
Zip Code:	
Current School (transferring from):	
Entering School (transferring to):	
Date of Transfer:	
Entering Grade:	

Person Completing the Form		
Name:	Relationship to Student:	Phone Numbers
		Main #:
		Alt. #:

Please Complete BOTH Sides

CHEEKTOWAGA-SLOAN UFSD

166 Halstead Avenue / Phone# (716)-891-6404

Resident Student Transfer Request Form

School Year 2024-2025

Three Required Proofs of Residency: Please include copies of the selected documents when submitting.

List A (Select 1)

- Homeowner's Agreement
- Homeowners Insurance
- House Deed
- Housing Document
- Lease Agreement
- Mortgage Statement
- Notarized Landlord Affidavit
- Real Estate Statement
- Renters Insurance

List B (Select 2)

- Bank Statement
- Car Insurance
- Car Registration
- Cell Phone Bill
- Court or Agency Document
- Government Benefit Document
- Health Records
- Non-Utility Bill
- Payroll Statement
- Property Tax Bill
- Sale Contract
- School Tax Bill
- Utility Bill

I hereby certify that I am a resident of the Cheektowaga-Sloan Union Free School District. I am the legal parent or guardian of the above-named student, and I am requesting the transfer listed above.

Parent/Guardian Signature Required

Date

Please Complete BOTH Sides