

Student I.D.	Student Name(s)		Grade 2024/2025	Special Ed Services Yes/No
	Last	First		

Name of Parent(s)/(Guardians(s)) _____

Address: _____ Kalamazoo Zip Code: _____

Telephone: home _____ Cell _____

Email address: _____

Attendance Area Building (Student Services only)	
Current School Assigned	
School Requested	

Reason for Transfer Request:

 Parent/Guardian Signature

 Date of Request

IF APPROVED, I AGREE TO PROVIDE TRANSPORTATION TO AND FROM SCHOOL

Disposition of Student Services	_____ Yes	_____ No	Office Use Only Date _____
Number of Discipline Incidents	_____	Administrator	_____