

# CBT Student Transfer Request Form 2024-2025

Please identify the students requested for transfer into the district.  
Note: All students **MUST** be in Level 0 prior to request.

*Please fill out ALL fields!*

*School District Requiring Transfer:* \_\_\_\_\_

**Student Information (please do not provide any PII)**

State ID	Local ID	DOB	Grade	Class	Building within District

**Please return completed forms to Student Data Services**  
Email: [DWTSHelp@esboces.org](mailto:DWTSHelp@esboces.org)

**Student Data Services**  
Charles King, Divisional Administrator  
Peter Desjardins, Program Administrator

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