

# CHEEKTOWAGA-SLOAN UFSD

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

## Resident Student Transfer Request Form

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)

☐ Yes

☐ 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

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Three Required Proofs of Residency: Please include copies of the selected documents when submitting.	
List A (Select 1)	List B (Select 2)
<input type="checkbox"/> Homeowner's Agreement	<input type="checkbox"/> Bank Statement
<input type="checkbox"/> Homeowners Insurance	<input type="checkbox"/> Car Insurance
<input type="checkbox"/> House Deed	<input type="checkbox"/> Car Registration
<input type="checkbox"/> Housing Document	<input type="checkbox"/> Cell Phone Bill
<input type="checkbox"/> Lease Agreement	<input type="checkbox"/> Court or Agency Document
<input type="checkbox"/> Mortgage Statement	<input type="checkbox"/> Government Benefit Document
<input type="checkbox"/> Notarized Landlord Affidavit	<input type="checkbox"/> Health Records
<input type="checkbox"/> Real Estate Statement	<input type="checkbox"/> Non-Utility Bill
<input type="checkbox"/> Renters Insurance	<input type="checkbox"/> Payroll Statement
	<input type="checkbox"/> Property Tax Bill
	<input type="checkbox"/> Sale Contract
	<input type="checkbox"/> School Tax Bill
	<input type="checkbox"/> 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.

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Parent/Guardian Signature Required

Date

Please Complete BOTH Sides