

Transfer Form-Incoming Student

Former School: 
 • [Add additional former school student attended in last calendar year](#) - [Remove School](#)

Are you a choice school?

☐ Yes

☒ No

Do you accept tuition students?

☒ Yes

☐ No

Student

First Name

Middle Name

Last Name

Gender

☐ Male

☐ Female

☐ Not Specified

Date of Birth

Grade

Date of Enrollment-registration (if enrollment occurs after the beginning of the school year, enter the date the student first attends classes)

Date of which student entered 9th grade:

Student resides with?

☐ Parent

☐ Guardian (court placement, not voluntary court appointed)

☐ Guardian (voluntary)

Parent/Guardian Name that the student is living with:

Parent or Legal Guardian PRESENT Complete Address

Street Address

Street Address Line 2

 Help

City

--Select--

State / Province

Postal / Zip Code

Did the student transfer to your school due to the former school closing or dropping a sport?

☐ Yes

☐ No

Is this a HIB Exception: Student was a victim of HIB and the former school's remedy was an alternate placement/transfer?

☐ Yes

☐ No

Is this a DCP&P Placement Exception?

☐ Yes

☐ No

Is this a military transfer?

☐ Yes

☐ No

Is this the student's first transfer?

☐ Yes

☐ No

How many high schools has this student attended prior to enrolling in your school?:

☒ I verify that this student/athlete is registered and domiciled appropriately, in accordance with district policy, in order to attend our high school.

Online Signature

Kristopher Grundy

Position:

Athletic Director

Contact Number:

6094667602 Ext. 6562

Go Back

Save

Submit

[Terms and Conditions](#)

[Privacy Policy](#)

©2026 Home Campus: All Rights Reserved