



Zoned Campus Transfer

Student Name _____ Student ID _____

I, _____ understand that my student, _____ is returning to his/her zoned campus or another identified educational provider. I have conferenced with the school counselor and administrator, and I completely understand that my student cannot return to Stuart Career Tech High School and that the current courses may not be offered at the zoned campus. I will contact the zoned campus/school of enrollment to request an appointment for my student's transfer.

If you have questions, please contact your campus school counselor for more information.

_____ I understand that my student will receive a **W** (withdrawn) for dropped classes from Lee College which may later have a negative effect on enrollment and/or financial aid.

_____ I understand that my student may lose some elective credits due to lack of attendance or difference in school schedules.

_____ I understand that my student cannot come back to SETH.

Zoned Campus _____

Parent Signature _____

Student Signature _____

Academic/CCR Counselor Signature _____

Administrator Signature _____

Date _____

Additional Notes:

Respectfully,
Joi Green, M.A.
School Counselor
281-420-4550 Ext. 88016