

For Internal Use Only

Kenosha Unified School District

ADMINISTRATIVE SCHOOL TRANSFER REQUEST

Name: _____ I.D. Number: _____ Grade: _____

Telephone: _____ Date of Birth: _____ Ethnicity: _____ Gender: M F

Home Address: _____ Zip Code: _____

School Currently Attending: _____ Boundary School: _____

Administrative Transfer To: _____

Documentation for this Transfer: _____

Parent/Guardian(s) Name: _____

Approve Administrative Transfer

Sending School Principal

Date

☐ Yes

☐ No

Receiving School Principal

Date

☐ Yes

☐ No

Receiving School: _____

Start Date

Transfer Documented in Infinite Campus: _____

Date

Forward copy to School Leadership Secretary