



INTRA-DISTRICT TRANSFER FORM

Student's Name	Current Grade	Current School Bldg.	Transfer Bldg. Requested

Reason for transfer request: _____

Signature of Parent

Date

Please return completed form to: Director of Instruction and Assessment, South Lake Administration Building, 23101 Stadium Blvd., St. Clair Shores, MI 48080.

BYLAWS & POLICIES #5121

Approved _____ Not Approved _____