

CLAY COUNTY SCHOOLS

Student Transfer or Drop Form

(Circle One)

Student Name: _____ Student ID #: _____

Date of Birth: _____ Grade: _____ Today's Date: _____

Name of Parent/Guardian: _____

Mailing Address: _____

Current School _____ Date Entered School _____

Date Leaving School _____

Reason for Leaving: _____

Address where Transcripts/Records should be sent: _____

Please indicate grade to date.

| Teacher | Subject | Textbook Returned? | Letter Grade | % Grade | Teacher's Initials |
|----------|---------|--------------------|--------------|---------|--------------------|
| Period 1 | | | | | |
| Period 2 | | | | | |
| Period 3 | | | | | |
| Period 4 | | | | | |
| Period 5 | | | | | |
| Period 6 | | | | | |
| Period 7 | | | | | |
| Period 8 | | | | | |

Parent/Guardian

Date

Principal's Signature

Date

Jarod Fitzwater, Attendance

Date