

SAN BENITO COUNTY SCHOOLS PUPIL TRANSFER FORM

PUPIL'S NAME _____
(Last Name) (First Name) (Middle Initial)

DATE OF BIRTH (Month) _____ (Day) _____ (Year) _____

PRESENT MAILING ADDRESS _____

NEW ADDRESS _____

NAME OF PARENT OR GUARDIAN _____
(Last Name) (First Name) (Middle Initial)

TRANSFERRED FROM _____ District to _____ District

LAST DATE OF ATTENDANCE (Month) _____ (Day) _____ (Year) _____

NO. OF DAYS ENROLLED DURING THIS SCHOOL YEAR _____

NO. OF DAYS ABSENT THIS SCHOOL YEAR _____

GRADE OR CLASS TO WHICH PUPIL IS ASSIGNED _____

ORIGINAL
to be taken by pupil to school to which transferred _____
(Principal or Teacher)