UNION COUNTY PUBLIC SCHOOLS
Monroe, North Carolina 28112

ELEMENTARY AND MIDDLE SCHOOL TRANSFER

STUDENT ID NO. _____

Withdrawal Code
Circle One Number - W1 W2 W3 W4

Name of School _____

Address _____ City _____ State _____ Zip _____ Phone No. _____

_____ _____
Last Name of Pupil First Middle Name of Parent, Guardian

_____ _____ _____ _____ _____
Sex Grade Age Date of Birth Authorization/Request For Transfer

_____ _____ _____ _____ _____
Date of Entry Date of Withdrawal Days Present Days Absent Name of New School

New School Address _____ City _____ State _____ Zip _____

CLEARANCES

Special Programs (Circle Ones Which Apply) AIG Free Lunch Reduced Lunch Title I ESL

Exceptional Children's Program _____ _____
Please write in program Fees Cleared

_____ _____ _____ Yes ____ No ____ _____
Homeroom Teacher Library Cafeteria All Books Returned Office

CLASSROOM PLACEMENT INFORMATION

SUBJECT	ANY GRADE AT TIME OF WITHDRAWAL	TEXT TITLE	GRADE EQUIVALENT LEVEL OF TEXT	TEACHER COMMENTS
Reading				
Spelling				
English				
Math				
Social Studies				
Science				
Physical Education				
Health				
Other				
Other				

HOMEROOM TEACHER: Clearing must include all fees, books, etc. Please record grades at time of withdrawal in cumulative folder (folder must be brought up to date in regards to withdrawal information, grades days in attendance, etc.)

Office Use Only
(file Copy)
Date Copy Records Sent _____
Copy Records Sent By_____

This student has met N.C. Immunization Requirement for admission to school

Yes _____ No _____

C: Copy to Parent, Guardian
Copy for Cumulative Folder
Copy for School File

SCHOOL ACCIDENT INSURANCE INFORMATION

_____ _____
Carrier's Name Policy #

_____ _____
Data Sheet # Date Student Enrolled