



Prairie South & Holy Trinity
Student Transfer Form



Date of Transfer: _____

Student Name: _____

Last School Attended: _____

School Transferring To: _____

Reason for Requesting Transfer:

Comments from Sending School:

Transcript Attached: _____ Yes _____ No

Report Card Attached: _____ Yes _____ No

Please Contact Sending School: _____ Yes _____ No

Date of Team Meeting: (arranged by sending school) _____

Name of Contact at sending school: _____

Signature of Contact: _____

Signature of Parent/Guardian: _____

Name of Contact at receiving school: _____