

Student I.D.	Student Name(s)		Grade 2023/2024	Special Ed Services Yes/No
	Last	First		

Active Student(s) in KPS? ___ Yes ___ No If no, school last attended _____

Name of Parent(s)/(Guardians(s)) _____

Address: _____ Kalamazoo Zip Code: _____

Telephone: home _____ Cell _____

Email address: _____

Attendance Area Building (Student Services only)	
Current School Assigned	
School Requested	

Reason for Transfer Request:

Child Care – Provider(s)Name _____

Address _____ Telephone _____

Other (Be specific; use other side if necessary) _____

 Parent/Guardian Signature

 Date of Request

IF APPROVED I AGREE TO PROVIDE TRANSPORTATION TO AND FROM SCHOOL

Office Use Only

Approved by Student Services _____ Date _____

Parent notified on Date: _____ via Mail ___ Phone ___ By _____