

WASHINGTON HIGH SCHOOL TRANSFER FORM

*****Please return completed form to Mrs. Seylar – Guidance Secretary**

DATE: _____ TRANSFER DATE: _____

STUDENT NAME: _____

WVEIS ID# _____

Transferring to (Include School's Address): _____

***Please report to each class & have your teacher give you a Transfer- Grade & initial for book returned.**

PERIOD	CLASS	TEACHER	TRANSFER GRADE	BOOK RETURNED (Please initial)

*******BEFORE YOU LEAVE, PLEASE CHECK-IN WITH THE FOLLOWING STAFF AND HAVE THEM INITIAL THIS FORM:**

Athletic Director (for Athletes only) - Mr. Murphy _____
 Librarian (Books owed) - Mrs. Hale _____
 Cafeteria Manager (Lunch debt)– Ms. Cole _____
 School Counselor _____

*******TRANSCRIPTS WILL NOT BE FORWARDED IF THERE IS A DEBT*******

PARENT SIGNATURE: _____ DATE: _____

