

BALTIMORE CITY PUBLIC SCHOOLS

STUDENT TRANSFER ADDENDUM SAFETY CONCERNS

1. PRESENT SCHOOL NUMBER

Record No. 2 as

2. STUDENT NAME (Last, First, Middle Initial)

Last Name

First Name

MI

3. CURRENT ADDRESS OF STUDENT :

(Include apt. no. street direction, and city)

ZIP CODE

4. TELEPHONE NUMBER:

Home

Office/Work/Cell

5. PRESENT GRADE

Grade

6. DATE OF BIRTH

Month Day Year

7. STUDENT ID NUMBER

8. GENDER

Male

Female

9. INSTRUCTIONAL SETTING:

LRE (if applicable)

10. SCHOOL REQUESTED: Number:

Number:

11. PLEASE EXPLAIN REASON FOR TRANSFER IN DETAIL (if additional space is needed, please use a separate sheet of paper)

PARENT/GUARDIAN OR STUDENT STATEMENT:

SIGNATURE OF PARENT/GUARDIAN:

ADMINISTRATOR STATEMENT:

I AGREE WITH THIS TRANSFER REQUEST: YES NO

SIGNATURE OF ADMINISTRATOR:

SCHOOL POLICE OFFICER STATEMENT:

I AGREE WITH THIS TRANSFER REQUEST: YES NO

SIGNATURE OF SCHOOL POLICE OFFICER:

12. SUPPORTING DOCUMENTATION ATTACHED: (ALL DOCUMENTATION REQUESTED MUST BE PROVIDED FOR CONSIDERATION OF TRANSFER)

POLICE REPORT OF SAFETY INCIDENT

YES NO

COPY OF BULLYING, HARASSMENT, OR INTIMIDATION REPORTING FORM

YES NO

DECISION:

SCHOOL ASSIGNMENT:

DATE:

DATE REQUEST RECEIVED

FORM: May 2011

OFFICE OF STUDENT PLACEMENT SIGNATURE: