

STUDENT TRANSFER FORM

(Translation of this document will be available upon request)

OFFICE USE ONLY	
Proof of Res.	<input type="checkbox"/>
Custody Order	<input type="checkbox"/>
SOC	<input type="checkbox"/>
OE	<input type="checkbox"/>

School Wishing to Attend _____ Date _____

Please list all TCAPS schools this student has attended (most recent first) _____

Has this student lost permanent housing due to foreclosure, eviction, natural disaster, economic hardship, or similar reason? ☐ Yes ☐ No
If yes, the student may be eligible to remain at their current school. Please contact the STEP office (231-933-5900) before enrolling student in this building.

STUDENT INFORMATION (PLEASE PRINT)

Legal Last Name	First Name	Middle Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade		
Preferred Name						
Street Address	Street Name	Apt#	P.O. Box	County	City	Zip
Home Phone ()		Date of Birth MONTH DATE YEAR				
Is this child currently in a Foster Care Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is there a current Order of Protection, No Contact Order or other safety factors which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy.						
Is your family an active military family? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will your child also be enrolled in another school including a virtual school? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SPECIAL EDUCATION - SECTION 504

Has this student ever received any special education services or attended special education classes? ☐ Yes ☐ No

Is this student currently receiving special education services? ☐ Yes ☐ No

Does this student currently have a Section 504 plan? ☐ Yes ☐ No

Has the student ever had a mental health or behavioral residential placement? ☐ Yes ☐ No
If yes to the above, please provide a copy of the current document.

Does this student have chronic health problems? ☐ Yes ☐ No If yes, please describe _____

List any allergies/sensitivities: _____ Reaction: _____

PARENTS / GUARDIANS / ADULTS INFORMATION

1

Legal Name: Last Name	First Name	Middle Initial	Relationship	Do you reside with this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally responsible for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone (if different from above)	Cell Phone	Email Address			
Address (if different than above) - Street Address / Street Name / Apt# / P.O. Box / City / Zip					
Place of Employment			Work Phone () ext.		

2

Legal Name: Last Name	First Name	Middle Initial	Relationship	Do you reside with this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally responsible for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone (if different from above)	Cell Phone	Email Address			
Address (if different than above) - Street Address / Street Name / Apt# / P.O. Box / City / Zip					
Place of Employment			Work Phone () ext.		

3

Legal Name: Last Name	First Name	Middle Initial	Relationship	Do you reside with this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally responsible for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone (if different from above)	Cell Phone	Email Address			
Address (if different than above) - Street Address / Street Name / Apt# / P.O. Box / City / Zip					
Place of Employment			Work Phone () ext.		

EMERGENCY CONTACTS <i>If we are unable to contact you, please list two LOCAL emergency contacts that TCAPS may notify and/or release this student to.</i>			
Last Name	First Name	Middle Initial	Relationship
Home Phone ()		Cell Phone ()	
Work Phone & Extension () ext.			
Last Name	First Name	Middle Name	Relationship
Home Phone ()		Cell Phone ()	
Work Phone & Extension () ext.			

Parent Signature _____ Date _____

TRANSPORTATION REQUEST

☐ My child will **NOT** require transportation.

STUDENT INFORMATION - (Please Print)	
<i>Please check all that apply</i>	
My eligible child WILL require transportation to/from our PRIMARY ADDRESS listed on prior page	
<input type="checkbox"/> AM <input type="checkbox"/> PM	
<i>Please check all that apply</i>	
My eligible child WILL require transportation to/from an ALTERNATE ADDRESS listed below for the following times: (other than our primary physical address)	
<input type="checkbox"/> AM <input type="checkbox"/> PM	
Alternate Address	Alternate City/Zip
Contact Person at Alternate Address	Contact Person Phone Number
<i>Please check all that apply</i>	
My eligible child WILL require transportation to/from a SECOND ALTERNATE ADDRESS listed below for the following times: (ONLY if transportation is NOT required from primary physical address)	
<input type="checkbox"/> AM <input type="checkbox"/> PM	
Alternate Address	Alternate City/Zip
Contact Person at Alternate Address	Contact Person Phone Number