CHARTER SCHOOLS: FUTURE TRANSMITTAL FORM

TRADITIONAL SCHOOL to CHARTER SCHOOL

Box 1: REQUIRED BY CHARTER SCHOOLS ONLY

The **Charter School** must complete the following information prior to sending the parent to the **Traditional School** to request the student transfer.

The signature below verifies that the student listed on this form has been accepted and will be enrolled at the Charter School upon completion of transfer procedures at the Traditional School.

5042 — SCHOOL LOCATION NUMBER
(305) 470-7490 — FAX NUMBER
Mordechai Salfer, PhD — PRINT: NAME OF CHARTER SCHOOL PRINCIPAL/ADMINISTRATIVE DESIGNEE

Tree of Knowledge Learning Academy — NAME OF CHARTER SCHOOL
_____ — SIGNATURE: CHARTER SCHOOL PRINCIPAL/ADMINISTRATIVE DESIGNEE DATE

STUDENT ID/ GRADE	STUDENT'S NAME *Last* *First* *Mi*	STUDENT'S BIRTHDATE	STUDENT'S ADDRESS *Including Zip Code*	PARENT'S NAME
ID: GRADE:	TRADITIONAL HOME SCHOOL:		ZIP CODE:	PRINT NAME: SIGNATURE: DATE:

BOX 2: REQUIRED BY TRADITIONAL SCHOOLS ONLY

Traditional School: _____ (SCHOOL LOCATION NUMBER) _____ (NAME OF TRADITIONAL SCHOOL) _____ (FAX NUMBER)

DATE TRANSFERRED RECEIVED: _____ EXIT CONFERENCE HELD? ☐ YES ☐ NO

PARENT CANCELLED TRANSFER REQUEST: ☐ YES ☐ NO (Parent Name/Signature Required)

If yes, please state reason: _____ (e.g. Curriculum, Climate/Environment, Class Size, Advanced Programs, Other)

_____ PRINT: NAME OF PARENT

_____ PRINT: NAME OF TRADITIONAL SCHOOL PRINCIPAL/ADMINISTRATIVE DESIGNEE

_____ SIGNATURE: PARENT

_____ SIGNATURE: TRADITIONAL SCHOOL PRINCIPAL/ADMINISTRATIVE DESIGNEE

TRANSMITTAL FORM COMPLETED BY: _____ JOB TITLE: _____ DATE: _____

ISUS UNPUT COMPLETED BY: _____ JOB TITLE: _____ DATE: _____

FAXED TO RECEIVING SCHOOL BY: _____ JOB TITLE: _____ DATE: _____