



**TRANSFER CERTIFICATE**  
**(This is for a transfer between High Schools)**  
**(Not for 8<sup>th</sup> grade to 9<sup>th</sup> grade promotion)**

Please download, print and complete form.  
PRINT completed form, SIGN completed form, and email scanned copy to:  
Gary King - President **gking541@charter.net**

Name of School \_\_\_\_\_ City \_\_\_\_\_

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Date of first enrollment in high school \_\_\_\_\_

Date of enrollment this year \_\_\_\_\_

School transferred from \_\_\_\_\_ Dates attended \_\_\_\_\_

# of semesters in HS \_\_\_\_\_ # of HS credits earned \_\_\_\_\_

Name 5 credit courses passed last semester \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and duration of attendance last semester \_\_\_\_\_

Name/address of parent or guardian

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If guardianship, indicate date of court record \_\_\_\_\_

**CERTIFICATION BY SUPERINTENDENT, PRINCIPAL, OR ATHLETIC DIRECTOR**

I certify that I have investigated the data herein contained and to the best of my knowledge and belief it is correct.

\_\_\_\_\_  
Signature: Superintendent, Principal, or Athletic Director      Date