



**Lake Shore Public Schools
IN-DISTRICT TRANSFER REQUEST**

Student Name: _____ **Grade:** _____

School Currently Attending: _____

School Requesting Transfer to: _____

Parent/ Guardian Name: _____

Parent/ Guardian Address: _____

Parent/ Guardian Contact Phone #: _____

Reason for Request to Transfer (Please write on back if more room is needed):

Parent/ Guardian Signature

Current School Principal Signature

Transfer School Principal Signature

Effective Date of Transfer: _____

If declining transfer request, please provide the reason:

Please forward request to the Educational Services Office.