

ALL TRANSFERS MUST BE COMPLETED ONLINE. NO PAPER COPIES WILL BE ACCEPTED! SCHOOLS WILL UPLOAD THIS SIGNED DOCUMENT TO THE CASE FILE IN CIF-SS HOME.

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er i	Current Address		Date of Birth	Grade	An	ea Code/Home Phone
		House Number and Street Name		City/State/Zip		
	PUBLIC SCHOOL DISTRICT YOUR CURRENT ADDRESS IS IN SPECIFIC PUBLIC H.S. YOUR CURRENT ADDRESS BELONGS					
OTE:		3 IF YOUR ENTIRE FAMILY UNIT HAS				
COM	PLETELY DIFFERENT	ATTENDANCE AREA. IF YOU HAVEN	'T MOVED, SKIP TO ITEM 4.		VERITER	INVILOR VIVEW I
3)	Former Address	11				
		House Number and Street Name		City/Sta	te/Zip	
	PUBLIC SCHOOL DI	STRICT YOUR FORMER ADDRESS WAS I	SPECIFIC PUBLIC	H.S. YOUR FOR	MER ADDR	ESS BELONGED
	NOTE: INCLUDE ALL HIGH STARTING 9TH GRADE, YO	SCHOOLS STUDENT HAS ATTENDED SIDD WILL ONLY NEED TO FILL OUT THE 1	NCE STARTING THE 9TH GRAE ST LINE OF ITEM 4.	E. IF THIS IS YO	OUR FIRST	TRANSFER SINCE
	Transfer From:	•	Enrolled from:		to	
		Name of Former High School		Date MM/DD/YY		Date MM/DD/YY
	Transfer From:	News of Common Mark Color	Enrolled from:		_ to	18 18 AS
7	Transfer From:	Name of Former High School		Date MM/DD/YY	4.2	Date MM/DD/YY
,	constant of the second	Name of Former High School	Enrolled from:	Date MM/DD/YY	. to	Date MM/DD/YY
Т	ransfer From:		Enrolled from:		to	Date minuber 1
	-	Name of Former High School		Date MM/DD/YY		Date MM/DD/YY
		W YOU WILL SIGN IT <u>SECTIONS.</u> RE	EAD CAREFULL		או פונ	EN BOTH
info true app	ERTIFICATION OF AP ade by the CIF and to control of the control of	SECTIONS. RE PLICATION: I authorize any former discuss enrollment and/or extra curr determination. I am authorized to ex eveledge. I further affirm that I unders ed that this approval was granted or	EAD CAREFULL school/s and the current school/s and the current sicular participation with the xecute this request. I affirm stand that if subsequent to a false, erroneous, inaccurrent	chool to relea CIF. I authori that all of the the approval	ase all recoize the CII above stood at this ath	ords/requests F to use that atements are letic eliability
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