



Internal Student Transfer Request

First & Last Name _____

Address _____ Date _____

Email Address _____ Phone _____

Internal Student Transfer Information *(please print):*

Completed forms are due May 1. I would like to request the transfer(s) of my child(ren) to the schools indicated. I understand that requests are granted based upon available classroom/program space and that if approved I will be responsible for transporting my child to and from school.

_____ parent's signature

Please provide your child's first and last name and grade for next school year (begins in August).

TO HOLLAND HEIGHTS FROM: JEFFERSON WEST HLA

Student first & last name

Grade

Student first & last name

Grade

Student first & last name

Grade

Student first & last name

Grade

TO HOLLAND JEFFERSON FROM: HEIGHTS WEST HLA

Student first & last name

Grade

Student first & last name

Grade

Student first & last name

Grade

Student first & last name

Grade

TO HOLLAND WEST FROM: HEIGHTS JEFFERSON HLA

Student first & last name

Grade

Student first & last name

Grade

Student first & last name

Grade

Student first & last name

Grade

TO HOLLAND LANGUAGE ACADEMY FROM: HEIGHTS JEFFERSON WEST

Student first & last name

Grade

Student first & last name

Grade

Student first & last name

Grade

Student first & last name

Grade

THIS PORTION FOR OFFICE USE ONLY.

Approved

Not

Approved

HPS Building Administrator's

Signature & Date _____