

INTENT-TO-MOVE SURVEY

This Form is used to assist in tracking students who withdraw from school or who become “no shows” in the fall.

Student Name _____ Grade _____
(Please Print)

Parent Name _____
(Please Print)

ARE YOU PLANNING TO MOVE? IF SO, PLEASE INDICATE NEW ADDRESS BELOW:

_____ STREET ADDRESS _____ PHONE NUMBER

_____ CITY/STATE _____ ZIP CODE

NAME OF NEW SCHOOL

A written, signed statement from the parent or guardian may also be acceptable documentation for students who transfer for another district.

This document acknowledges the parent’s / guardian’s intent to enroll their student in another school.

_____ PARENT/GUARDIAN SIGNATURE _____ DATE