

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.

NAME _____

GRADE _____ STUDENT ID# _____

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

Street Address	Phone Number
----------------	--------------

City/State	Zip
------------	-----

Name of New School	Address	City	State/Zip
--------------------	---------	------	-----------

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

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

Parent/Guardian Signature	Date
---------------------------	------