



Record Request Transfer Students

Student's Full Name _____
(Last) (First) (Middle)

Grade applying for: _____ Grade attended last year: _____

School attended last year: (Name and address)

(Street Address or P. O. Box Number) (City) (State) (Zip Code)

Reason for transfer: _____

Has pupil ever repeated a grade: _____ If so, what grade: _____

Has pupil ever been suspended or expelled from school: _____

If so, please describe nature of incident: _____

Are you aware of any handicaps or medical and behavioral problems which may influence this pupil's ability to learn and/or function normally at Manchester Academy? (ADD, ADHD, etc.):