

Date of Request: _____



Encore Change Success Change

Encore & Success Transfer Request Form

This form is for an Encore/Success transfer request. It does not mean that classes will be changed. Class size, academic opportunities and other factors are considered.

Student Name: _____ Team: _____ Grade: _____

Parent Signature allowing transfer consideration: _____

Encore:

Period and name of class student is requesting to DROP: _____

Teacher Signature: _____

Period and name of class requesting transfer to: _____

Teacher Signature: _____

Success:

Period and name of class student is requesting to DROP: _____

Teacher Signature: _____

Period and name of class requesting transfer to: _____

Teacher Signature: _____

Reasoning (Please tell us why you would like to switch):

Date of Administration Decision:

Signature of Administrator:

Schedule Changed: Yes or No

Contact of Teachers: Yes or No