



Great Falls Public Schools

STUDENT TRANSFER FORM

PRINCIPAL FORM

Date: _____

School	From: _____	To: _____
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Name of Student	Last	First		Middle
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Attendance – Year to Date		Enrollment Dates	
Days Absent: _____	Days Tardy: _____	From: _____	To: _____

Social Adjustment is (check one): Good Fair Weak
 Explain: _____

Class Work is (check one): Above Grade Level At Grade Level Below Grade Level
 Explain: _____

Health Issues <i>(attach current Health Care Plan)</i>	_____
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SUBJECTS		
	Current Core Unit	Intervention Unit/Skill
Math	_____	_____
Reading	_____	_____
Science	Inspire Science (McGraw Hill) Current Unit: _____	Student Materials Included (check one): <input type="checkbox"/> K <input type="checkbox"/> Gr. 1 <input type="checkbox"/> Gr. 2 <input type="checkbox"/> Gr. 3 <input type="checkbox"/> Gr. 4 <input type="checkbox"/> Gr. 5 <input type="checkbox"/> Gr. 6

CHILD HAS	<input type="checkbox"/> IEP 504 <input type="checkbox"/>	<input type="checkbox"/> Book Fines	<input type="checkbox"/> CSCT/AWARE
	<input type="checkbox"/> CLP	<input type="checkbox"/> Lunch Fees	Academic _____
	<input type="checkbox"/> Speech		Behavior _____

TEACHER

PRINCIPAL