

THIS MAY BE USED AS A **TRANSFER CARD** OR A **REQUEST FOR CUMULATIVE RECORD**

NAME OF PUPIL _____ BIRTHDATE _____

PARENT/GUARDIAN _____ PRESENT GRADE _____

TO BE COMPLETED WHEN A STUDENT TRANSFERS FROM A SANTA BARBARA COUNTY SCHOODO DISTRICT:

TRANSFER FROM _____

ADDRESS _____

LAST DAY ATTENDED _____

TO BE COMPLETED WHEN CUMULATIVE RECORDS ARE BEING REQUESTED:

PLEASE SEND RECORDS FOR THE ABOVE-NAMED PUPIL TO:

SCHOOL _____

ADDRESS _____

SIGNATURE _____ DATE _____