

CLAY COUNTY HIGH SCHOOL

Student Transfer or Drop Form

(Circle One)

Student Name: _____ Student ID #: _____

Date of Birth: _____ Grade: _____ Today's Date: _____

Name of Parent/Guardian: _____

Mailing Address: _____

Date Student Entered CCHS: _____ Date Leaving CCHS: _____

Reason for Leaving: _____

Address where Transcripts/Records should be sent: _____

Please indicate grade to date.

Teacher	Subject	Textbook Returned?	Letter Grade	% Grade	Teacher's Initials
Period 1					
Period 2					
Period 3					
Period 4					
Period 5					
Period 6					
Period 7					
Period 8					

Parent/Guardian

Date

Allen Tanner, Principal

Date

Jarod Fitzwater, Attendance

Date