Student Transfer Form

For new students entering grades 1-12

Student Name: _____
(Last) (First) (Middle)

This form is to be completed by an official from the student's previous school and returned back to FWBCS in a sealed envelope with the student's name written on the front of the envelope or emailed to businessoffice@freewillschool.com.

Describe this student academically: ☐ Good ☐ Average ☐ Poor

Was this student a discipline problem? ☐ Yes ☐ No

Explanation (if needed) _____

_____

_____

Does this student have any learning disabilities or challenges of which you are aware? ☐ Yes ☐ No

Explanation (if needed) _____

_____

Has this student been given an IEP or 504? ☐ Yes ☐ No

If yes, please list the student's exceptionalities. _____

_____

Have this student's parents been cooperative and supportive? ☐ Yes ☐ No

Explanation (if needed) _____

_____

Name of School _____ Phone Number _____

School Official _____ _____
Signature Title/Position