



## REQUEST TO COMPLETE SEMESTER

School: \_\_\_\_\_ Semester: \_\_\_\_\_

**Pursuant to Administrative Rule JFABC (Admissions/Withdrawals: Transfer Students) the following student has applied to complete the current SEMESTER. Good behavior, acceptable attendance and a good home/school relationship are required in order for this to be approved and in order to remain valid. Bus transportation is not provided.**

This application must be **fully** completed.

PLEASE PRINT OR TYPE

One form per student

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Apartment Complex Name: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

New Address: \_\_\_\_\_

Apartment Complex Name: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Move: \_\_\_\_\_ **(documentation required)**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE DO NOT WRITE BELOW THIS LINE

SCHOOL USE ONLY

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Approved \_\_\_\_\_

Denied \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Principal sends a copy of this form to Office of Student Support**