ON PEST 1998-530

NOTIFICATION OF STUDENT TRANSFER

2018-2019 School Year

Not Valid Without Director's Signature. Form is to be faxed by PIE's Director.

Date:

Attn				
		t listed below is transfe dependent Educators <i>F</i>	rring from your school to a	a home school
Pa	arent is to comple	te this form and ret	urn to office of PIE.	
Parents' Name:				
Student's Name:			<u> </u>	
Date of Birth:				
Grade:				
Student is transferring	ng from:			
		Name of school		
		Street address		
	City	State	Zip - Code	
		Fax Number		

Please mail, fax or email Educational Records to the address below.

To Include:

- Transcript of high school courses completed and credits earned to date
- Courses in progress and numerical grades to date of withdrawal
- Key to your grading system

Respectfully,

Denise Merchant

Director Signature Required

