

**PRINCIPAL
FORM**

**Great Falls Public Schools
Great Falls, Montana**

Date: _____

STUDENT TRANSFER FORM

School	From: _____	To: _____
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Name of Student	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>Middle</i>

Attendance – Year to Date		Enrollment Dates	
Days Absent: _____	Days Tardy: _____	From: _____	To: _____

Social Adjustment is (check one): Good Fair Weak
 Explain: _____

Class Work is (check one): Above Grade Level At Grade Level Below Grade Level
 Explain: _____

Health Issues (attach current Health Care Plan)	_____
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SUBJECTS		
	Current Core Unit	Intervention Unit/Skill
Math	_____	_____
Reading	_____	_____
Science	Inspire Science (McGraw Hill) Current Unit: _____	Student Materials Included (check one): <input type="checkbox"/> K <input type="checkbox"/> Gr. 1 <input type="checkbox"/> Gr. 2 <input type="checkbox"/> Gr. 3 <input type="checkbox"/> Gr. 4 <input type="checkbox"/> Gr. 5 <input type="checkbox"/> Gr. 6
Handwriting	Handwriting Without Tears	Page No: _____ or Last Letter Taught: _____

CHILD HAS	<input type="checkbox"/> IEP 504 <input type="checkbox"/> <input type="checkbox"/> CLP <input type="checkbox"/> Speech	<input type="checkbox"/> Book Fines <input type="checkbox"/> Lunch Fees	<input type="checkbox"/> CST Academic _____ Behavior _____
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TEACHER

PRINCIPAL