



# JUNIOR DIVISION STUDENT TRANSFER FORM



*Please Print Legibly*

DATE \_\_\_\_\_ CLUB ID# \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

SCHOOL E-MAIL \_\_\_\_\_ COUNTY \_\_\_\_\_

SCHOOL PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
Including Area Code Including Area Code

SCHOOL STREET ADDRESS \_\_\_\_\_  
If different from above

MAILING ADDRESS \_\_\_\_\_ GRADES IN SCHOOL \_\_\_\_\_ GRADES IN CLUB \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

S T U D E N T L I S T		
NAME	GRADE 5-6-7-8-9	SCHOOL TRANSFERRED FROM
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08/08

\_\_\_\_\_  
*Beta Club Sponsor Signature* *Date*

\_\_\_\_\_  
*Executive Head of School* *Date*

