



REQUEST OF ENROLLMENT FROM RECEIVING SCHOOL

In accordance with the U.S. Code of Federal Regulations (34 C.F.R. §§ 200.19(B)(1)(ii)(B)(1)) which states "To confirm that a student transferred out, the school or LEA must have official written documentation." This is a request for your assistance in obtaining that written information.

The following student has withdrawn from **School Name** and indicated their intent to enroll out of district/state.

STUDENT NAME: _____

DATE OF BIRTH: ____/____/____

SDUSD ID# _____

RECEIVING SCHOOL: Please complete the following information:

1. Student enrolled on (date) _____

2. Receiving School Information:

School Name & Address: _____

School Telephone Number () _____

School Staff Name _____ Title _____

School Staff Signature: _____ Date: _____

Please FAX or MAIL the completed form to:

SCHOOLNAME
ATTN: REGISTRAR
XXXX Sample Ave
SAN DIEGO, CA 92XXX
(619) xxx-xxxx