

ENROLLMENT/TRANSFER/WITHDRAWAL/CHANGE OF STUDENT INFORMATION

Date: _____ **School:** _____

Last Name: _____ **First Name:** _____ **Middle Name:** _____

ELL **Yes** **No** **Kindergarten**

ID # _____ **DOB:** _____ **SASID:** _____ **GRADE:** _____

-
- Completed Enrollment** **Change of Address** **Change of Guardian** **Change of School Within District**
- Withdrawal** **Legal Name Change**

Student's First Day: _____

Home Address: _____ **Town/Zip:** _____ **Phone:** _____
(Prior)

New Address Is: **Temporary** **Permanent** **Effective Date:** _____

New Address: _____ **Town/Zip:** _____ **Phone:** _____

Change of Guardian: _____

Legal Name Change: _____

Circumstances: _____

New Information Provided By: _____

REQUIRED STATE EXIT INFORMATION:

District Exit Date: _____ **Exit Type:** _____ **Exit Status:** _____
(Refer to Table N for code) (Refer to Table O for code)

Days of Membership: _____ (instructional days enrolled in current year)
Days of Attendance: _____ (instructional days present in current year)

Data Sheet Submitted By: _____

Copies of this form should be emailed to:

Kristin Underhill, Superintendent's Office
Nikolay Stoyanov, Stillman
Suzanne Curtin, Data Manager, Stillman
Dave Aberle, Residency Officer

Michelle Conlan, Stillman
Patricia Welles, Special Services
Student's Permanent Record File