

Form JR-4

*Empowering Dreams for the Future*

**TRANSFER OF CUMULATIVE RECORD WITHIN**

**DISTRICT**

**Please print/type all requested information:**

**STUDENT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | Student ID#: |  |

|  |  |
| --- | --- |
| ADDRESS: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BIRTHDATE: |  | SEX: |  | GRADE: |  |

|  |  |
| --- | --- |
| FATHER/MALE GUARDIAN’S NAME: |  |

|  |  |
| --- | --- |
| MOTHER/FEMALE GUARDIAN’S NAME: |  |

|  |  |
| --- | --- |
| DATE OF ADMISSION: |  |

|  |  |
| --- | --- |
| DATE OF WITHDRAWAL: |  |

**This form should be kept in the withdrawal file of the sending school when the record for the student listed above is sent to another school in Cobb County.**

TRANSFERRED TO:

|  |
| --- |
|  |

School

|  |
| --- |
|  |

Date

**COPY FORM JR-4 ON BLUE CARD STOCK**

6/14/06