

Date: _____

Student name _____

Parents Advancing Choice in Education, Inc.
40 South Perry Street – Suite 120, Dayton, Ohio 45402

Transfer Request Form

To be completed by the parent/guardian

1. Please mark the appropriate request below:

Requesting transfer to another school Withdrawal from area Six month hold

2. Reason for leaving school (check all that apply)

Moved out of area Graduated from highest grade Academic Difficulties

Disciplinary problems Could not continue payments Unknown

Other _____

Please explain: _____

If you checked moved out of area please skip to number 4 and complete the rest of the form

3. What steps have you taken to resolve the situation? _____

4. Current School Attending _____

5. Student Name _____
First Name Middle Initial or Name Last Name

Parent/Guardian Name(s) _____

Address _____ City _____ State _____

Zip _____ Phone _____

6. Have you been accepted to another school? Yes No If yes, please list: _____

7. If you have not been accepted to another school, please list which PACE School you are requesting:

Please note- failure to complete this form may jeopardize payment of scholarship monies.

Signature (Parent/Guardian)

Date