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## STUDENT TRANSFER TO ANOTHER DISTRICT

The following student is transferring to another district. Please provide the results of the Gifted and Talented Evaluations (GT Profile Sheet) administered.

Student Name: \_\_\_\_\_ I. D.#: \_\_\_\_\_ Grade: \_\_\_\_\_

Campus: \_\_\_\_\_

Campus where student was identified: \_\_\_\_\_

Year student was identified: \_\_\_\_\_ Grade student was identified: \_\_\_\_\_

District Transferring to: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Please mail the information to:

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone#

\_\_\_\_\_  
Fax#

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