



Request to Transfer for School Year 2026-27 PK-5 Only

Student Name + Date of Birth:

_____ Last _____ First _____ Middle _____ DOB _____

Address: _____ Zip Code: _____

Parent/Legal Guardian Name: _____

Telephone - Home: _____ Telephone - Work: _____

Email Address: _____

Current School Assignment: _____ Current Grade: ____ Next School Year Grade: ____

Requested School(s):

_____ *New Request* *Renewal*

Does your child currently have an Individualized Education Plan (IEP)? Yes No

Is your child currently receiving special education services? Yes No

If yes, what are the services? _____

Please write your reasons for requesting a change of school: _____

Date transfer requested to become effective: _____

I certify that all information on this form is true and accurate to the best of my knowledge. I understand that if the address or child's custody changes, I must notify Cambridge Public Schools and the Student Assignment Officer in writing.

NOTE: Only one (1) transfer allowed during the school year.

Parent/Guardian's Signature

Today's Date

Please Do Not Write In This Space – For Office Use Only

I.D.# _____ L.C. _____ Gender _____ E.C. _____ Grade for Transfer _____

Notes: