

# Jefferson County Schools

## Student Transfer of Records Checklist

The appropriate department should initial when student has cleared their department.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Transferring to: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(School Name) (City) (State)

\_\_\_\_\_ Attendance Record Printout Included

\_\_\_\_\_ Counselor's Information Included of NA

\_\_\_\_\_ Additional Services Documentation Included or NA

\_\_\_\_\_ Cleared Classroom Teacher

\_\_\_\_\_ Copy of Current Report Card Included

\_\_\_\_\_ Cleared Cafeteria

\_\_\_\_\_ Cleared Library

\_\_\_\_\_ Cleared School Office

Final Clearance Approved by Principal

Date Cleared: \_\_\_\_\_

\_\_\_\_\_  
(Principal's signature)