



## Felony Transfer Attachment

This form must be completed when recommending a student for placement under the Felony Transfer rule.

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Student Name	Student Number	School
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**Administrative Hearing:**

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

**Members Present:**

Print Name	Position	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Felony Number:** \_\_\_\_\_

**Felony Charge:** \_\_\_\_\_

**Description** of how the student's felony charge(s) would have an adverse impact on the school environment as found by the administrative hearing:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Principal's Signature	Date
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