Alachua County Public Schools

Elementary Curriculum
Transfer Form

Student Name: _____ Date: _____

Student ID #: _____ Grade: _____ Teacher: _____

Sending School: _____ Receiving School: _____

Academic Information:

Reading: Level: _____   Other: _____

Math: Grade Level: _____   Other: _____

Current Grades:

ELA: _____

Math: _____

Science: _____

Social Studies: _____

Folder Enclosures:

☐ Report Card *(copy if available)*

☐ Progress Monitoring Plan (PMP) *(if available)*

Additional Information:

Previously Retained   ☐ Yes   ☐ No

In What Grade?   _____

Active PMP *(check applicable areas)*:

    ☐ Reading   ☐ Math   ☐ Writing   ☐ Science

Served by Title 1?   ☐ Yes   ☐ No

ESE Program: _____

	Yes	**No**
RTI:	☐	☐
ESOL:	☐	☐
Textbooks Returned:	☐	☐
Media Materials Returned:	☐	☐

Teacher's Signature: _____ Date: _____

Return to AP within 24 hours