



11575 Frederick Road, Ellicott City, MD 21042 410-313-7165

**MARYLAND TRANSFER/WITHDRAWAL NOTIFICATION**

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

**Parent, Guardian:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's Birthday:** \_\_\_\_\_

**Grade/Homeroom:** \_\_\_\_\_

**Anticipated Last Day:** \_\_\_\_\_

**Reason for Transfer:** \_\_\_\_\_

**Name of New School:** \_\_\_\_\_

**Location of New School:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_