

NOTIFICATION OF CHANGE IN STUDENT ENROLLMENT REQUEST FOR STATE REPORTING NUMBER

Method of Transmittal <input type="checkbox"/> MAIL * <input type="checkbox"/> FAX <input type="checkbox"/> OTHER *Please provide address for the Transfer District when checked	Date of Transmittal	Number of Pages
--	---------------------	-----------------

PRIOR DISTRICT INFORMATION				
Fax Routing** TO: <input type="checkbox"/> FROM: <input type="checkbox"/>	MARSS Contact Person		District Name	
	District Number	District Type	Telephone Number () -	FAX Number () -

TRANSFER DISTRICT INFORMATION					
Fax Routing** TO: <input type="checkbox"/> FROM: <input type="checkbox"/>	MARSS Contact Person		District Name		
	District Number	District Type	Telephone Number () -	FAX Number () -	
Address			City	State	Zip Code

**** FAX Routing: PLEASE CHECK THE APPROPRIATE BOXES.**

I have provided you with this student's name, birthdate, grade level, state aid code and status start date. Please provide me with the student's State Reporting Number. Please verify that the status start date I have recorded **does not** overlap with the status end date you have.

STUDENT NAME (Last, First, Middle)	STATE REPORTING NUMBER	BIRTHDATE	STUDENT GRADE LEVEL	STATE AID CODE	STATUS START DATE

Additional Transmittal Information: