

BRUSH COUNTRY CO-OP

BCC FILE TRANSFER

SENDING DISTRICT	Today's Date : _____
	Student Name : _____
	Student withdrawing from _____ ISD.
	Withdrawal Date : _____
	Student enrolling in _____ ISD.
	Person completing this form : _____ (print name)
	Signature : _____
	File given to BCC or district staff member _____ on _____ (print name) (date)
RECEIVING DISTRICT	Receiving personnel within new district : _____ (sign) (date)

1 copy BCC
1 copy Sending District
1 copy Receiving District