

FORM FOR TRANSFER OR WITHDRAWAL FROM PETERSON ELEMENTARY

Please complete this form if you plan to transfer to another school or withdraw from Peterson and email it to Alex Lopez at alopez649@cps.edu.

Student Name: _____ Student ID#: _____

Student Date of Birth: _____ Circle One: Male Female

Student Current Home Address: _____

Parent Phone #1: _____ Parent Phone #2: _____

Parent E-mail: _____

Student New Home Address: _____

City: _____ State: _____ Zip: _____

Name of School Student Will be Attending: _____

Address of School Student Will be Attending: _____

City: _____ State: _____ Zip: _____

New School Phone Number: _____

Parent Signature: _____ Date: _____

PETERSON.CPS.EDU

PHONE: (773) 534-5070

FAX: (773) 534-5077

