



Good Shepherd Catholic School

835 North Hills Avenue · Ardsley, PA 19038

Office of the Principal · shelen@gscregional.org · 215-886-4782

SCHOOL TRANSFER REQUEST

Student's Name _____ **Current Grade** _____

Parent(s)' Name(s) _____

Current Address _____

New Address (if moving) _____

Transferring To (School Name and Address) _____

Reason For Transfer _____

Parental Consent

I give my permission for Good Shepherd Catholic School to release my child's educational and medical records when requested by the above-named school. Thank you.

Parent Signature

Date

Parent Email _____ Preferred Phone # _____

We are preparing our students for a faith-filled life of learning, leadership, and love for others.