



U.S. Virgin Islands Department of Education

STUDENT DEMOGRAPHIC INFORMATION

St. Croix District

Transfer Request Form

STUDENT INFORMATION

Date: _____ Student#: _____

Name: _____ Sex: Female Male
Last First Middle

School Selection: _____ Current Grade: _____

Program (Check all that applies): Regular Special Education 504 Program English as a Second Language

Old Residence Address: _____
Street Address City State Zip Code

New Residence Address: _____
Street Address City State Zip Code

Mailing Address: _____
PO Box/Street Address City State Zip Code

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____

Telephone Numbers: (H) _____ (W) _____ (M) _____

Email Address: _____ Signature: _____

CURRENT SCHOOL INFORMATION

School: _____ Promoted Retained

Reason for Transfer

District Contact Information: **student.services@stx.k12.vi**

Kindly inform the school your child attends of any changes to student's demographic information.

FOR DISTRICT USE ONLY

Status: Approved: _____ Proof of Address: _____ Legal Guardianship: _____

Disapproved: _____ Space Available: Yes No Not School Zone: _____

District Personnel: _____