



**JRA-E3**  
**PUPIL SUPPORT FILE TRANSFER RECORD**

Student Name: \_\_\_\_\_  
Last Name, First Name

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

MET Number: \_\_\_\_\_

Sending School: \_\_\_\_\_

Name of Counselor/Resource/Teacher: \_\_\_\_\_

Signature: \_\_\_\_\_

Receiving School: \_\_\_\_\_

Name of Counselor/Resource/Teacher: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent Approval: Yes No

DATE OF TRANSFER: \_\_\_\_\_

<b>Cross Reference:</b>		
<b>Date Adopted:</b> August 1, 2017	<b>Date Amended:</b>	<b>Board Motion(s):</b>
<b>Procedure:</b> JRA	<b>Guidelines:</b> JRA-R	<b>Exhibit:</b> JRA-E1, JRA-E2, JRA-E4, JRA-E5