

# REACH Coordinator Resources



## Scholar Transfer Form

- Please complete this form and send a copy to [REACH@gafc.org](mailto:REACH@gafc.org).
- REACH Georgia will confirm receipt and communicate next steps after review.
- Questions relating to this form should be directed to REACH Georgia staff at [REACH@gafc.org](mailto:REACH@gafc.org) or (770) 724-9250.

### Original School System's Information

Original School System: \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_

### Transfer REACH Scholar's Information

Legal Name: \_\_\_\_\_

Original School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Affiliated High School Name: \_\_\_\_\_

GTID: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Scholar's First Academic Year in REACH: 20 - 20

Anticipated Transfer School State: Georgia Out-of-State; State: \_\_\_\_\_

Anticipated Transfer School System : \_\_\_\_\_

Anticipated Transfer Middle School Name: \_\_\_\_\_

Anticipated Transfer High School Name: \_\_\_\_\_

Date Scholar left Original System: \_\_\_\_\_ Grade Level at departure: \_\_\_\_\_

Reason for leaving (if known): \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Today's Date : \_\_\_\_\_