

Tainan Municipal Cigu District Cigu Elementary School
Transfer-out Application Form

Student's Name		Class		Student No.	
Receiving School	County/City		Elementary School		
Reason for Transfer (Please attach the designated documents)	<input type="checkbox"/> Residence relocation (household certificate with the student's detail information) <input type="checkbox"/> Children of a teacher at another school (proof of the teacher's employment or employee badge) <input type="checkbox"/> Enrollment in the arts and talents class or gifted class (copy of the acceptance notice) <input type="checkbox"/> Others _____		<input type="checkbox"/> Study-abroad (copy of flight ticket) <input type="checkbox"/> Confidentiality handling document (official correspondence) <input type="checkbox"/> Open enrollment zone application		
Contact Number			Guardian's Signature		
<p>*Please provide a copy of the household certificate/household registration transcript with the student's detail information and ID card to verify the guardian's identity.</p>					
<p>Homeroom teacher's signature:</p> <p>Submission to the Registrar Section: <input type="checkbox"/> Health Condition and Emergency Contact Form <input type="checkbox"/> Stamp <input type="checkbox"/> Others _____</p>					

Relevant Divisions	
Health Center: <input type="checkbox"/> Health examination record card <input type="checkbox"/> Physical examination notification (Pink card)	Treasurer: <input type="checkbox"/> No outstanding fees <input type="checkbox"/> outstanding fees: _____
Library: <input type="checkbox"/> No overdue books <input type="checkbox"/> Books haven't returned	Special Education Department: <input type="checkbox"/> No referral required <input type="checkbox"/> Referral required

Responsible Personnel	
Section Chief of Registration:	Director of Office of Academic Affairs:

Date: _____ (mm/dd/yyyy)