



Reach Each Child

Pulaski County Public Schools

Office of the Superintendent

202 N. Washington Ave, Pulaski, Virginia 24301

Transfer Certificate

School:

Address:

Phone Number:

Date:

A: Name of Student:

Date of Birth:

Grade:

B: Transferred to:

C: Date Removed from Roll:

I CERTIFY the above to be correct

Principal

Records request received from _____ school on _____.

Records sent on _____.

Parent notification attempts are to be documented below.

Signature _____

CC:

Parent:

New School:

Cum File: