



## Campus Transfer Application and Approval Form

Please complete one form for each student and return to the front office at your current American Academy campus or email a scanned/PDF copy to [registrar@aak8.org](mailto:registrar@aak8.org) (photo images of forms will not be accepted). Approval of an American Academy campus change is subject to the availability of space at the desired campus and the approval of AA administration as indicated below. A parent/guardian meeting with the student's principal may be required. Administration reserves the right to deny transfer requests for any reason.

Student name (First, Initial, Last): \_\_\_\_\_ Grade (current school year): \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Email address: \_\_\_\_\_ Parent/Guardian phone: \_\_\_\_\_

Which campus change are you applying for (circle one): CP to LM | CP to MB | LM to CP | LM to MB | MB to CP | MB to LM

When will the transfer take effect (check one):  As soon as possible (during the current school year)  Beginning next school year

Briefly tell us why you would like your student to change campuses: \_\_\_\_\_

ADMINISTRATIVE USE ONLY:	
DATE REC'D (BY FRONT OFFICE or REGISTRAR):	TIME REC'D:
<b>I. CURRENT CAMPUS</b> ( <input type="checkbox"/> Castle Pines   <input type="checkbox"/> Lincoln Meadows   <input type="checkbox"/> Motsenbocker) <span style="float: right;"><input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied</span>	
Principal: _____	Date: _____
Comments or concerns: _____	
_____	
_____	
Principal Signature _____	Date _____
<b>I. RECEIVING CAMPUS</b> ( <input type="checkbox"/> Castle Pines   <input type="checkbox"/> Lincoln Meadows   <input type="checkbox"/> Motsenbocker) <span style="float: right;"><input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied</span>	
Principal: _____	Date: _____
Comments or concerns: _____	
_____	
_____	
Principal Signature _____	Date _____
<b>iii. STUDENT SUPPORT SERVICES</b> <span style="float: right;"><input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied</span>	
Representative Name: _____	Title: _____
Comments or concerns: _____	
_____	
_____	
SSS Signature _____	Date _____