

# Syracuse Arts Academy

2893 W 1700 S  
Syracuse, Utah 84075



(801)779-2066 Office  
(801)779-2087 Fax K-4  
(801)784-5209 Fax 5-9

## Student Transfer Notice

Attention: Admissions Secretary

Regarding: Letter of Intent

### TO BE COMPLETED BY THE LEGAL GUARDIAN:

I, \_\_\_\_\_ THE LEGAL GUARDIAN

OF THE STUDENT(S) LISTED BELOW, HEREBY NOTIFY: SYRACUSE ARTS ACADEMY

OF MY INTENTIONS TO TRANSFER MY STUDENTS TO: \_\_\_\_\_,

DUE TO:  RELOCATING  STUDENTS BEST INTEREST  OTHER: \_\_\_\_\_

X \_\_\_\_\_  
PARENT SIGNATURE DATE

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***ALL STUDENTS FILES WILL BE SENT UPON WRITTEN REQUEST FROM THE IDENTIFIED SCHOOL.***

Date Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Receiving FAX Number: \_\_\_\_\_

Sent By: Syracuse Arts Academy Initials: \_\_\_\_\_