



Transfer Student History

Please complete the following information including Parent Authorization for Release of Records.

Garces Memorial High School
2800 Loma Linda Drive
Bakersfield, CA 93305
661.327.2578 * 661.327.5427
www.garces.org

Academic Information

Please list courses currently enrolled in (or last completed)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | |

Discipline Information

Have you ever been suspended or expelled from any high school? Yes or No _____. If "yes", please explain and include the approximate dates, the length of suspension (if suspended), and the details of the events leading up to the suspension/expulsion. Please attach additional paper if necessary.

Have you ever been subject to any other serious disciplinary action at any high school (Saturday work, suspension from activities/teams/clubs, other)? Yes or No _____. If "yes", please explain and include the approximate dates, the length of suspension (if suspended), and the details of the events leading up to these disciplinary actions. Please attach additional paper if necessary.

Approximately how many days of school did you miss in the past academic year (August -June)? _____

Authorization for Release of All Records

Student _____ Date _____
Last Name First Name Middle Name

Parent/Guardian _____ Phone _____
Last Name First Name

Name of Current School _____ Phone _____

Address of School _____
Street Address City State Zip

Parent Authorization for Release of Records

The undersigned hereby consents to release all education records about the above named student and other such information as may be requested, to Garces Memorial High School.

Signature of Parent or Guardian _____ Print Name _____ Date _____