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525 Hawthorn Street, San Diego, CA 92101 Ph: 619-298-2990 • Fax: 619-295-8886

**F-1 Transfer Form**

Name of Student: \_\_\_\_\_

Student SEVIS Number: \_\_\_\_\_

I give permission for my child to transfer to Balboa City School.

_____	_____	_____
Name of Parent/Guardian	Signature of Parent/Guardian	Date

**Must be filled out by current school from this point on.**

Name & Address of Current School: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Current School SEVIS Number: \_\_\_\_\_

Does this student have any outstanding financial obligation to your school?

\_\_\_\_\_

Is this student eligible to transfer? \_\_\_\_\_ Transfer release date in SEVIS will be: \_\_\_\_\_

_____	_____	_____
Name of School Official	Signature of School Official	Date

Please contact and return this form to: Balboa City School, Attn: Monica Castro 619-298-2990 x208 or [mcastro@balboaschool.com](mailto:mcastro@balboaschool.com). **Balboa City School SEVIS # SND214F00440000**