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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. **Balboa City School SEVIS # SND214F00440000**