



In-District Student Transfer Request 2019-2020 School Year

Return by March 29, 2019

(Please print clearly)

Today's Date: _____

Student Name: _____

Home Address: _____

Street Number and Name

Apt/Unit #

City

State

Zip Code

Grade student will be in for the requested school year: _____

Elementary School district in which you currently reside: _____

Elementary School that you currently attend: _____

School Requested: _____ For School Year: _____

Does the student currently receive special needs services? Yes No

Why you are making this request: _____

Are there any members in the household that are pre-kindergarten? Yes No

If yes, please indicate the information for each child below.

Birthdate: _____

Gender: Male Female

Birthdate: _____

Gender: Male Female

I UNDERSTAND THAT:

- Every effort will be made to place my child in the school requested.
- We will attempt to keep families together in the same building.
- Class size will be a determining factor in the acceptance of this request.
- Once this transfer is approved, it will become permanent for the school year, unless factors influencing the educational program or student wellbeing makes the transfer no longer possible.
- It is my responsibility to provide transportation and ensure that my child arrives at school on time every day.
- This form must be submitted to the school my child is currently attending. *Kindergarten requests must be turned into the Administrative Center.*

Parent's Printed Name

Parent's Signature

Parent's Home Phone Number

Parent's Cell Phone Number

FOR ADMINISTRATIVE CENTER USE ONLY:

Approved by: _____

Authorized Administrator

Date

2019 - 2020