

One student per application



Date Request Received:

REQUEST FOR TRANSFER OUT OF ZONE

If approved, we hope to begin this transfer agreement on _____ (date),
when the student named below will be in the _____ grade.

Student Name _____ Date of Birth: _____

Address _____

School now attending: _____

In which school zone is your home located:

- John Sevier Elementary Zone Coulter Grove Intermediate Zone
 Sam Houston Elementary Zone Montgomery Ridge Intermediate Zone
 Foothills Elementary Zone

To which school are you requesting a zone transfer?

Name of school requested: _____

Reason for request: _____

Section 10.2.1.12 - Board Policy - School Assignment/Choice of School

The following is a summarization of board policy 10.2.1.12. The entire text of this policy may be accessed on the district website or by contacting the district office.

- 1) Apply before July 1 for the following year;
- 2) Class size will be a factor in the approval process;
- 3) Special needs student population targets will be a factor in the approval process;
- 4) Parental requests based on the best interest of the child are considered on a case by case basis;
- 5) Parents/Guardians must provide transportation for out of zone students;
- 6) Requests will be considered only after assignment of all resident students;
- 7) Unsatisfactory attendance could result in a change of zone transfer status.

Parent/Guardian Signature: _____

Telephone: _____ Email: _____

FOR OFFICE USE ONLY

APPROVED

DOS / Designee

Date

NOT APPROVED

SCHOOL ASSIGNMENT