

REQUEST FOR CHANGE IN SCHOOL OF ATTENDANCE

PARENT INFORMATION

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Neighborhood School \_\_\_\_\_  
Physical Address \_\_\_\_\_

STUDENT INFORMATION

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade \_\_\_\_\_

My student(s) CURRENTLY attend \_\_\_\_\_ (name of school – if any)

I would like my student(s) to attend \_\_\_\_\_ (name of school)

Reason for Transfer Request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is student receiving special education services? \_\_\_\_\_

If yes, please list services currently receiving \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONDITIONS:** 1) Approvals are for the current school year only and must be submitted annually. 2) Approvals may be rescinded if enrollments increase during the current year. 3) School bus transportation is available through regular routes only – you will be responsible for your child's transportation to and from school.

FOR OFFICE USE ONLY

Exit interview held on \_\_\_\_\_  Approved  Denied

Neighborhood School Principal \_\_\_\_\_ Date \_\_\_\_\_

Receiving School Principal \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_