

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CONDITIONS: 1) Approvals are for the current school year only and must be submitted annually. 2) Approvals may be rescinded if enrollments increase during the current year. 3) School bus transportation is available through regular routes only – you will be responsible for your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