



One student per application

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 do you wish to transfer? _____

Reason for request: _____

At the time this transfer takes effect, will other students in your household be enrolled at this school?: Y N

If yes, please list the student(s) name and grade: _____

Board Policy Section 6.206 – Transfers Within the System

The following is a summarization of board policy 6.206. The entire text of this policy may be accessed on the district website or by contacting the district office.

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

Parent/Guardian Signature: _____

Telephone: _____ Email: _____

FOR OFFICE USE ONLY

APPROVED

NOT APPROVED

DOS / Designee Date

SCHOOL ASSIGNMENT