

**IN-DISTRICT MIDDLE SCHOOL
STUDENT TRANSFER REQUEST**
(Separate form must be filled out for each student)

Date _____ Time _____

Student Name _____ Current School Attending _____

Academic year applying for _____ Grade applying for _____

ATTENDANCE AREA SCHOOL _____ REQUESTED SCHOOL _____

Does Student have an IEP? Yes No

Parent Name(s) _____

Address _____ Telephone No. _____

City _____ State _____ Zip Code _____

Reason for the request: (Choose One)

- Legal/Safety Health Academic Siblings .75 FTE Staff Member Other

Note: All schools are equipped to support student academic, mental/emotional, and physical health needs.

INCLUDE:

- A letter from parent/guardian detailing explanation for the request.
- Documents supporting reason for request. (**NOTE: Staff are not allowed to provide a letter of support.**)
- Current and previous progress report schedule or most recent report card.

The undersigned parent(s)/guardian(s) verifies the information provided is accurate and they understand the transfer policy:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent Main Email Address: _____

Accommodations for students requesting transfers will be made based on date and time of receipt of the form by the District Enrollment Office with the earliest date and time having priority. **Any decisions will be for the current school year requested only.** There is no guarantee of enrollment for the following year. A new Student Transfer Request form will need to be submitted for subsequent years. Transfer requests for the following school year will be considered on a space-available basis and notifications will occur no later than mid-August after the attendance area students have been placed. See Policy #3130P.

Acceptance of out of attendance area transfers is contingent on the student's behavior, regular attendance and passing grades, and adherence to school and District policies. Violation of any of these contingencies or truancy violations may result in a student being transferred back to their attendance area school.

SCHOOL DISTRICT USE ONLY BELOW THIS LINE

Transfer Request Decision: Approved _____ Denied _____

If denied, reason for the denial: _____

Date reviewed: _____

Was parent/guardian and/or student interviewed: Yes ___ No ___

PowerSchool checked for Parenting Plan: Yes ___ No ___

Administrative Action: _____

Deputy Superintendent Instruction

Date

Principal (Requested School)

Date

Principal (Current School)

Date