3129F

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

Date _____   Time _____

Student Name _____ Current Grade _____   Age _____

Academic year applying for _____   Current School Attending _____

ATTENDANCE AREA SCHOOL _____   REQUESTED SCHOOL _____

Does Student have an IEP?   Yes ☐   No ☐

Parent Name(s) _____
Address _____   Phone 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.)

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 to late August after the attendance area students have been placed. See #3129P.

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
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Transfer Request Decision: Approved _____   Denied _____

If denied, reason for the denial: _____

_____

Date reviewed: _____

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

PowerSchool and/or Student File checked for Parenting Plan: Yes _____   No _____

Administrative Action: _____

_____   _____

Deputy Superintendent Instruction _____   Date _____

Principal (Requested School) _____   Date _____

Principal (Current School) _____   Date _____