



# PHOENIX-TALENT SCHOOLS

## INTRA-DISTRICT TRANSFER REQUEST

### Elementary School Transfer Form

Resident School: \_\_\_\_\_

Requested School: \_\_\_\_\_

School Year: \_\_\_\_\_

**Request must be submitted to the RESIDENT SCHOOL OFFICE**

#### CONDITIONS OF TRANSFER

1. A student transfer is dependent on space available in the school of your choice. Each year some elementary schools are closed to transfers due to over enrollment.
2. Transportation is the responsibility of the family.
3. Transfers may be revoked by the School District for irregular attendance, chronic tardiness, or persistent refusal to abide by rules for student behavior in effect at the school.
4. The transfer, **if already on file**, will be renewed annually. The conditions of the renewed transfer will still apply.

**Student's Legal Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Last First Middle

Parent/Guardian Name: \_\_\_\_\_

Home/Physical Address \_\_\_\_\_  
Street, Apt # City, State and Zip

Mailing Address: \_\_\_\_\_  
*if different*

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for requesting transfer: \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### FOR OFFICE USE ONLY:

**RESIDENT** School Principal:  Approved  Denied Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**RECEIVING** School Principal:  Approved  Denied Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**SUPERINTENDENT:**  Approved  Denied Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_