

# APPLICATION FOR IN-DISTRICT TRANSFER

Papillion La Vista Community Schools  
420 South Washington Street  
Papillion, Nebraska 68046

Phone: (402) 537-6214, Fax: (402) 537-6216, Email: [studentservices@plcschools.org](mailto:studentservices@plcschools.org)

Parents who wish to have their child attend a school building not in their assigned attendance area, must request an In-District Transfer (one per child).

## PART I: To be completed by parent/guardian and returned to the office of the Director of Student Services.

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex of the Student: M  F  Current Grade Level \_\_\_\_\_

Parent/Guardian Name: Last \_\_\_\_\_ First \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ (Ext.) \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Assigned attendance area school \_\_\_\_\_

Request permission to attend \_\_\_\_\_ grade(s) at \_\_\_\_\_

### IF APPLICABLE:

New Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date family will move to new address \_\_\_\_\_

New address is in the attendance area zone school \_\_\_\_\_

Does the applicant qualify for reduced price meals? Yes  No

Special services beyond regular classroom currently being received \_\_\_\_\_

Reason for Request \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that, if approved, this request is granted for the above-named child only and is based on available space. I understand that at any time the district may revoke this request if the district determines that the building is closed due to growth rates and/or capacity. If revoked, my child may return to the school in which his/her residence is assigned. I understand that transportation is not provided. I understand building capacity limits will be considered when approving/denying such applications.

## PART II: To be completed by Administration Office

Approved

Condition(s) of Approval \_\_\_\_\_  
\_\_\_\_\_

Denied

1. Enrollment at capacity at the grade level and/or building requested.
2. Other \_\_\_\_\_

Revoked

Reason for revocation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_