

**LAKWOOD SCHOOL DISTRICT #306
REQUEST FOR TRANSFER**

Request is for _____ School Year, Grade Level Student Is Entering _____

Student's Last Name Student's First Name Day Phone Evening Phone

Student's Street Address City Zip

Designated attendance area school for above address is _____ School. Verified: _____
(Office Use Only)

The above named student was/is a _____ grade student and attended or attends _____
school for the school year _____ - _____. I am requesting the student named above be permitted to attend:
_____ Elementary School.

Reason for request: _____

Check appropriate box(es): False or inaccurate information may be cause for denial or revocation of transfer.

<p>Is this student in any special education program or have a current Individualized Education Plan (I.E.P.)?</p> <p><input type="checkbox"/> Uncertain <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<p>Is this student currently participating in any supplemental or remedial program (e.g., L.A.P., Title I, ESL, etc.)?</p> <p><input type="checkbox"/> Uncertain <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

As the parent/guardian of the above-named student, I understand that approval is based on the following criteria (per Board Policy #3131):

- A financial, educational, safety, or health condition affecting the student could be reasonably improved as a result of the transfer;
- Attendance at another school in the district is more accessible to the parent's place of work or to the location of child care;
- There is some other special hardship or detrimental condition affecting the student or the student's immediate family which could be alleviated as a result of the transfer;
- Space is available in the grade level or classes and at the building in which the student desires to be enrolled;
- Appropriate transportation, educational programs or services are available to improve the student's condition as stated in the request for the transfer;
- The student's transfer is not likely to create a risk to the health or safety of other students or staff at the new building;
- As deemed appropriate by the Superintendent, Assistant Superintendent, or designee, any other factors are considered on a student-by-student basis and found to be satisfactorily addressed.

If this request is approved, I as the parent/guardian of the above-named student, realize that transportation is the responsibility of the parent/guardian. Regular attendance is required along with prompt arrival and dismissal, and my student is expected to abide by all attendance, behavior and other regulations of the school. Approval of this request is for the above-named student only. This approval is based on available space and program. If over-crowding or program changes occur it may be necessary to transfer the student back to his/her home school.

Date Signature of Parent Print Parent Name

<p><input type="checkbox"/> Receiving Principal Contacted</p> <p><input type="checkbox"/> Transfer Denied Reason: _____</p> <p><input type="checkbox"/> Transfer Approved _____</p> <p align="center">Authorized Signature (Superintendent, Asst. Superintendent/Designee) Date</p>
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