

# 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)**

A parent/guardian who wishes to have their child attend a school building outside of their assigned attendance area must request an In-District Transfer (one per child).

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**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 and program capacity limits will be considered when approving/denying such applications.

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**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** \_\_\_\_\_